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Extracts from a Letter of Mr. KINNING, *Assistant Surgeon Royal Artillery, to* Dr. ROLLO, *dated Gibraltar, December* 8, 1804, *with a Continuation to the* 15*th of the same Month.*

"SIR,

"ENCLOSED are eight cases of the malignant fever of Gibraltar; one of them was taken by Mr. Bell, who assisted me for some time in this arduous duty. These patients I have seen even six times a day, to enable me to give you full information of the disorder and treatment, which has been varied. I conceived it necessary to make but two daily reports, judging them sufficient to explain to you the uncertainty of the termination and the insidiousness of the disease.

"From the 12th ult. I took the entire charge of our sick, which were then reduced to twenty-three fevers, as you will perceive by the weekly reports. Since then the number of deaths have been fewer in proportion (even reckoning those only with the strongest marked symptoms of the disease) which I attribute to my having sufficient time to attend to so small a number.

"On Sept. 30, I had charge of 196 patients in the hospital, about thirty of them with sore eyes, &c. not confined to bed, (the others were) all in an excellent hospital in the south part of the Rock, that I recommended for them. At this period, Mr. B. was attending a few cases in town, that could not be removed, and also the women, &c. The garrison could not afford me more assistance, consequently we lost many, as I was inadequate to pay the necessary attention to so many sick. The disease is now exactly similar to what it was when first observed, probably cold weather will make the symptoms milder. The season as yet has been very moderate, indeed more so than usual, only three days rain. And also I conceive that many, who have

have not yet had the disorder would entirely resist its influence. These reasons promise a speedy termination of it, if government will continue to prevent strangers landing for some time longer.

"Until November 19, from the commencement of this dreadful malady, scarcely an instance occurred that was not of the contagious fever; but as soon as our men returned from camp, and occupied the casements in the Orange bastion, ophthalmia again appeared with its usual virulence.

On October 1, I had tents pitched for the reception of sick women and children, near the hospital, from which they were supported, also four hospital tents for convalescents, to ease the hospital, as it was exceedingly crowded.

"The Medical Staff have recommended precautions respecting the disease, so that in pursuance of this day's general orders, all the men who have not had the present epidemic fever, will be encamped to morrow, and to be kept in strict quarantine; one hundred and twenty of the Artillery will be encamped at Willis, and thirty Artificers will remain encamped at Buena Vista. At the commencement of the disorder, I recommended our hospital being put in quarantine, and not to allow a sick person to remain any where else; also to have permanent wardmasters and orderlies, and a fatigue-party for carrying the sick and burying the dead, as we then had no carts.

"Estimate of the total strength of the garrison on the 1st of Sept. last, including the military, 12000; of these, 3000 inhabitants quitted the place shortly after the disease appeared (several of them died on board ship, having carried the contagion with them.) Since the 1st of September 5000 died, which will make the average of deaths to be more than one in two, without reckoning the number of the military that have not yet taken the disorder; these I calculate about 800. The 10th regiment have lost only two or three men of those who have been in the East Indies, and very few indeed of their recruits recover, which evidently shews that the climate has done more for them than medical aid.

"Those who have had the malignant fever of the West Indies, are also secure from this, as there are but very few, if any exceptions.

"December 15. We continue healthy, only one man confined to bed with a pectoral complaint. I had but two men admitted in the hospital with fever since the 6th, so that the men being now encamped seems to effect nothing,

as

as we had but one admitted four days before, and the other three days after they were ordered into quarantine.

"I am, &c.

"T. KINNING,

"Assistant Surgeon, R. Reg. Artillery."

Eight Cases of the Fever which has proved so fatal at Gibraltar.

Nov. 3, 1804, ten o'clock, A. M. Gunner David Dixey, aged about twenty-four years, dark complexion, gross habit of body, had been discharged the hospital about a fortnight, where he was eight days with sore eyes, of which he recovered, and did duty as usual; was suddenly seized this morning at Willis's camp, with chilliness, violent pains in his back and limbs, also in his left side, this last of short continuance; throat rather sore, tongue furred and whitish, head and stomach easy; had an evacuation by stool yesterday; frequent desire of making water, which was thick, high coloured, and in small quantity; pulse full and of 100 beats. Ordered an emetic of ipecac. gr. xv. antimon. tartar. gr. j. to be wrought off with two quarts of warm water.

Three o'clock, P. M. Emetic operated well, nothing particular in the matter ejected; had two copious fœtid black stools; heat rather increased, tongue the same, pains in his loins worse, stomach easy, pains in his limbs something abated, face flushed; pulse 104, rather weak. Ordered oatmeal gruel with a little wine in it.

Six o'clock. Since last report, he had one black stool, urine free, has a slight pain in his forehead, thirst, eyes rather red, tongue more furred, mouth dry; took a little tea and toast; pulse 108, moderately full. Ordered one grain of James's powder to be taken directly; and should it have no sensible effect, another in six hours.

4th. eight o'clock, A. M. The first dose of James's powder operated rather violently, both as an emetic and purgative; is now easy, but thirsty; face rather swelled; took tea and toast; is very apprehensive for his recovery; wished to drink toast and water, which I allowed him; pulse 104, moderately full, but very soft. Ordered two gills of wine to be taken in gruel or panada through the day.

Six o'clock, P. M. Took one gill of wine, also tea and toast, which he soon after vomited; head is well, his back and limbs are painful, tongue very much furred; pulse 100, rather weak; complains of chilliness, yet heat moderate.

rate.

rate. Ordered an additional gill of wine before morning; and to take a large spoonful of the following every hour: ℞. Decoct. cort. Peruv. ℥viij. tinct. ditto, ℥j. spt. æther. vit. c. ʒj. tinct. opii, gr. xl. M.

5th. eight o'clock, A. M. Slept very well; had two fœtid black stools in the night, vomited a little this morning; since then he eat some tea and toast, which as yet sit easy; some little pains in his limbs and throat; pulse 100, moderately full but feeble; half the tongue toward the tip is clear and shining. Ordered the medicines to be continued, to have four gills of wine, sago, and tapioca.

Three o'clock, P. M. Thinks himself well, is free of pain, vomited a good deal, ate about an ounce of meat, (which was given him without leave) took his medicines regularly, face rather pale, tongue not so shining, hawks some bloody slimy matter, eyes clearer; pulse 106, rather feeble; has had two gills of wine. Ordered four more, and to continue his medicine.

Seven o'clock, P. M. Vomited once, continues easy, tongue not so shining; pulse 102, rather feeble. Ordered to continue wine and medicines.

6th. eight o'clock, A. M. Passed a bad night, is delirious, one stool, vomited twice, is now rather comatose, tongue dry, is very weak, no appetite; pulse 90, very feeble. Ordered a bottle of sherry wine, and to continue his medicines, with æther. vitriol. ʒj. to ℥iv. of the bark, M.

Three o'clock, P. M. No alteration.

Seven o'clock, P. M. Vomited since about a quart of matter resembling coffee grounds; perfectly free from pain; delirious; pulse 102, very feeble. Ordered to continue his wine and medicine, and a table spoonful of water, strongly acidulated with elixir of vitriol, every half hour.

Nov. 7, eight o'clock, P. M. Slept but little, was delirious, feels quite easy, vomited black fluid very often, had hiccup for an hour nearly, took his medicines regularly, two bottles of white wine; pulse scarcely to be perceived. Ordered to continue his medicines, &c. and to apply synapisms to his feet.

Two o'clock, P. M. Is just expired; about an hour ago, he bled profusely from his mouth and nose.

By Mr. BELL, of the Garrison Staff.

Nov. 30, 1804, seven o'clock, P. M. Private Thoroughgood, of the Artificers Company, aged twenty-eight years, low stature, thin habit, dark complexion, grey eyes, usually healthy; had been employed as cook in the hospital for six

six weeks; was dismissed on the 26th instant, in perfect health; was suddenly attacked to day, when at work, with an acute pain in his forehead, loins, and limbs; drank less than a pint of common wine during the morning; is restless; has thirst and nausea, eyes red, tongue clean, bowels regular, skin dry and hot; pulse 144. Ordered, pulv. ipecac. ℈j. to be taken directly, and worked off with a quart of warm water. Drink, toast and water.

Dec. 1, Morning Report. Emetic operated well; the fluid ejected very bitter and dark coloured, from the wine he had previously drank; his stomach and back are easy; his limbs were bathed in warm water, skin continues hot, head-ache and eyes the same; countenance livid and depressed; had two copious natural stools; pulse 144, softer. Ordered to take ol. Ricini ʒiij. and to apply a blistering plaster on the back of his neck. Diet, broth, gruel and tea; drink, tea and toast and water

Evening Report. The Castor oil operated seven times, is perfectly free of pain, had his limbs bathed twice, general perspiration, is inclined to sleep; pulse 130, softer. Ordered to continue drink.

Dec. 2. Had five hours sleep, six purging stools, some pain in his legs, countenance sunk, tongue shining and dry, no perspiration at present; was seized with general spasms about three o'clock this morning, and which continue to come every ten minutes; is delirious at times, and kept in bed with difficulty; pulse 100, weak and intermitting. Ordered to bathe his limbs as before, to take spt. æther. vit. c. ʒß. mist. camphor. ℥ß. every two hours; to have a clyster every four hours of extr. cinchonæ ʒiij. g. ass. fœtid. ℈j. dissolved in four ounces of beef-tea, with tinct. opii. gt. 30; to apply blistering plasters to his legs, to be removed to a fresh part every four hours, or when the skin begins to inflame.

Evening Report. The spasms have not returned since he took the first dose of his medicine; he cannot bear wine or porter; retained each injection an hour; was perfectly sensible five hours; pulse was regular during the day, and is now 120, small and feeble; difficult articulation continues since mid-day; is now delirious; difficult inspiration from an acute pain at his sternum; ate a little milk, soup and tea; passed involuntary stools. Ordered to continue æther and camphor. m. and to apply a blister plaster to his breast, and synapisms to his feet. Drink, milk and rice,

 Dec.

Dec. 3. Expired betwixt ten and eleven o'clock last night, in a low muttering delirium, and passing involuntary stools and urine.

The body is now completely putrid.

Nov. 5, 1804. Gunner Farmer, of the Royal Artillery, aged twenty-five years, of a dark complexion, spare habit of body, usually healthy and sober; complains of pain in his head, back and limbs, and sickness at stomach; bowels costive, eyes red and protuberant, tongue white, skin dry; says his complaint began yesterday; pulse 96, and strong. ℞. Pulv. r. ipecac. ℈j. to be taken directly, and worked off with warm water.

Evening Report. Emetic operated well; the fluid ejected of a greenish colour; head-ache and other pains continue; no stool; pulse 102, feeble. ℞. Ol. ricin. ℥ß. to be taken in a little peppermint water.

Nov. 6th. Morning Report. Had three evacuations, nearly natural, by stool; slept tolerably well, and perspired toward morning; head-ache and pain in his loins continue; pulse 90, and softer. To apply a blistering plaster to the nape of his neck, and to take of the pulv. Jacobi gr. ij. every two hours. Diet, gruel, broth, beef-tea, and tapioca. Drink, barley-water, toast and water, &c. in small quantities.

Evening Report. Took three doses of his medicine, which purged and vomited him; the blistering plaster was not applied, through mistake of the ward-master; perspires, though very restless; complains of coldness in his feet. Ordered to apply the blistering plaster, as directed in the morning; also pediluv. Drink, a pint of porter, a gill of wine in gruel, at stated intervals; pulse 108, soft.

Nov. 7th, Morning Report. Had a disturbed night; passed six thin natural stools; took only a wine glassful of porter and a little gruel; sickness at stomach and coldness in his feet; eyes red, tongue white, with a red seam round its edge; pulse 90, soft. Ordered opium gr. j. every two hours if the nausea continues; pediluv. Continue diet. Drink, two gills of wine before the evening.

Evening Report. Had four hours sleep; countenance depressed, as in the morning; thirsty; urine free, and deposited a cloud; took his wine; skin moist; pulse 102, soft; had occasion to take only one pill; no stool since morning. Drink, a pint of porter to-night.

Nov. 8th, Morning Report. Had a good night; countenance more lively; perspires; complains of a heaviness

at

at stomach; perfectly free of pain; had a free natural stool this morning; tongue white; pulse 72, soft. Continue diet. Drink, two gills of wine.

Evening Report. Was restless to-day; had no sleep; urine high coloured; took half his wine; no appetite; heaviness at stomach continues, but no reaching; pulse 84, soft. Ordered, the remainder of his wine; also a common clyster.

Nov. 9th, Morning Report. Slept tolerably well; is free of pain; stomach easy; had one evacuation after the injection; pulse 84, undulating; skin moist; tongue white; no appetite. Ordered, diet, a high-seasoned beef-steak. Drink, two gills of wine.

Evening Report. Had a good day; sat up in bed while he took a little of his diet; stomach easy; pulse 96, soft; no stool; tongue nearly natural. Ordered the remainder of his wine; also a common injection.

Nov. 10th, Morning Report. Had a good night; three evacuations after the injection; pulse 84, soft; tongue clean. Diet, seasoned solid food. Drink, two gills of wine.

Evening Report. Is convalescent.

11th Report. Continues free of fever.

13th Report. Strength returning rapidly.

15th Report. Discharged cured.

November 29, 1804. Gunner Thomas Kinland, of the Royal Artillery, aged thirty years, usually sober, of middle size, brown complexion and light eyes, lately discharged from the hospital, recovered from an abscess, for which he had taken a good deal of bark; complains of nausea, pain in the head, back and limbs, debility, restlessness; bowels regular, skin hot, tongue white, pulse 90, hard. Ordered, pulv. rad. ipecac. ℈i. to be taken directly. Diet, tea, gruel, sago, broth, &c. Drink, toast and barley water.

30th. Emetic operated well, one stool; a blistering plaster on the back of his neck has relieved his head-ache, also his pains in general are abated; pulse and skin as yesterday. Ordered, of ol. Ricini ℥ß. to be taken immediately. Diet to be continued with a small quantity of wine in his gruel; continue drink.

December 1. Seems considerably better, pulse and skin natural; perspired in the night; tongue cleaner; feels a return of appetite; had three copious good evacuatinns. Ordered, diet to be continued; drink, a gill of wine.

 December

December 2. Passed a good day and night; ate moderately; he got up this morning being tired of bed, and in fifteen minutes after vomited a pint of brown fluid: his face is now pale; feels great debility; pulse 76, soft; bowels regular, appetite gone, tongue clean and moist, perfectly free of pain; a nausea continues. Ordered, spt. æther. vit. ʒß. and afterwards a pill of Cayenne pepper of gr. 4, every two hours; to have a clyster of extr. cinchonæ ʒiij. tinct. opii ℈i. in a little beef tea every three hours. Should not he find relief in six hours, to apply a blistering plaster to his stomach, to discontinue the Cayenne pills, and to take æther and opium, gr. j.

Evening Report. He retained each of the clysters nearly two hours. The Cayenne pills induced more vomiting of a darker cast; took two opium pills at an interval of two hours, and applied a blistering plaster, which seem to have checked the vomiting; pulse 104, feeble; countenance more lively; extremities rather cold; had hiccup the greater part of the day, which has also abated since he took the opium. Ordered to continue the opium and æther if more vomiting ensues, if he can bear light nutriment with it. To take an ounce of water strongly acidulated with elix. of vitriol every hour; to have three injections of the extr. cinchon. as before; to apply frictions with a warm flannel to his hands and feet, and warm bricks to the latter. Diet, milk and rice; drink, mulled wine, a spoonful very often, (every ten minutes.)

December 3, Morning Report. He had four hours sleep in the night; hiccup and vomiting are just returned; great debility, extremities moderately warm; one fœtid stool; thirst; he cannot bear wine, porter, or spirits in any way; pulse 96, soft; skin and tongue natural; in countenance depressed; perfectly collected. Ordered, a clyster every two hours of rich beef tea ℥iv.; continue the elix. vitr. every half hour; op. gr. jß. if the symptoms do not abate in two hours; continue diet; drink only to wet his mouth.

Evening Report. Had three doses of opium since; took the elix.; the hiccup, &c. returned at intervals; he could retain the clysters but a very short time; skin cool, pulse 84, stronger; countenance depressed; thirst, extremities cold and livid. Ordered, to apply warm bricks to his feet; to take opium, a grain every two hours, and spt. æther. vitr. (a tea spoonful in a little camphor mixt. every hour.) Diet as before; drink, elix. vitr. diluted.

December 4, Morning Report. Vomited frequently; continues hiccup when awake; slept at intervals; directions respecting

respecting medicine were strictly attended to; tongue, skin, and belly regular; countenance the same; boiled milk sits easier than any other kind of food; drank nearly two gills of wine. Ordered, æther every half hour; continue opium; clysters every three hours of extr. cinchona ℥ij. tinct. opii gr. x. in beef tea.

Evening Report. No vomiting since ten o'clock this morning; he would not take any pills; had his æther and drink, the former every hour since two o'clock; had four injections, the two last remained with him; since four o'clock got much worse, a low muttering delirium generally; at whiles laughs, and at other times calls out in the most excruciating agony; tongue clean; breath exceedingly offensive; body naturally warm; extremities cold; articulation distinct; hiccup almost incessant till within the last hour; blisters were applied to his legs, and cataplasms to his feet; countenance sunk; pulse imperceptible. Ordered, to continue æther with the addition of spt. lavender c. and spt. ammmon c. mulled wine and the diluted elix. alternately for drink; clysters of milk.

December 5, Morning Report, six o'clock. He expired at ten o'clock last night; hiccup and vomiting did not return. The body is now quite putrid.

November 13. Gunner William Doyle of the Royal Artillery, fair complexion, low stature, aged about 28 years, employed as an officer's servant, had been lately in the hospital with ophthalmia, of which he was cured; his character a good sober man; he did not take the prevailing malignant fever while in the hospital, as those with ophthalmia were separated to a different part of the house, to prevent communication as far as possible; complained of head-ache, pain in his back and limbs, nausea; pulse 120, quick and firm, skin hot, belly costive. Ipecac. ℈j. to be taken directly.

14th. The emetic operated well; feels relieved, excepting the head-ache; skin moist, tongue white, pulse 80, soft; one small evacuation by stool. Ordered, a blistering plaster to the back of his neck, and a purging clyster; to drink toast and water, porter and water for common drink in small quantities; diet, panada, gruel, broth and tea.

15th. Passed the day tolerably easy, blister rose well; had a restless night; took two gills of porter, and a little of the diet prescribed; is now uneasy at the stomach, loaths his food and drink; had two evacuations by the injection;

jection; pulse 84, soft, skin nearly natural. Ordered, a starch clyster with tinct. opii ʒi. also æther. vitr. c. ʒß. spt. lavend. c. ℈j. to be taken in a little water, when uneasy at his stomach; to bathe his feet in warm water. Diet, beef tea, tapioca; drink, thin mucilage of g. arabic, and toast and water in small quantity

16th. Passed the day tolerably easy; found relief from two doses of his medicine, taken at an interval of two hours: toward evening the nausea returned; in the night vomited twice, matter like coffee grounds; he took no wine or porter; had his medicine three times during the night; pulse 96, and soft; had two fœtid evacuations by stool; complains of great debility; disturbed sleep. Ordered, ol. Ricini ʒiij. afterwards the æther and spt. lavend. c. every two hours; diet, panada, rice, gruel and beef tea; drink, rice water and four gills of wine, a small quantity as above.

17th. Since last report he vomited four times fluid of a darker colour; had a free stool and more natural; inclined to sleep; countenance depressed, pulse 80, soft. He took but a small quantity of wine, and that mulled; urine high coloured, without sediment, and in small quantities; skin natural; free of pain. Ordered, opium, gr. j. every four hours until relieved of the nausea; to discontinue the æther mixture. Diet, bread and milk boiled; drink, four gills of wine, rum, or brandy with water.

18th. He took but three pills; after the first he vomited but once; feels greatly relieved; debility continues; had several hours composed sleep; he could not bear spirits in any way; took a little wine, also a little bread and milk; loathes any other food when offered him; pulse firmer, countenance more lively, bowels more natural, skin cool, tongue clean. Ordered, æther ʒß. in a little drink; diet, milk; drink, wine two gills.

19th. Continues easy; took two doses of æther, also a little of his diet, but cannot relish wine or porter. Pulse, tongue, skin, and bowels natural; continue milk diet, also ordered a beef steak well seasoned; drink toast and rice water.

20th. Continues better but weak; ate a little of the steak; took milk morning and evening.

21st. Continues better; sat up in his bed at his meals; still loathes wine, &c. To continue his diet, also ordered a bit of fowl.

22d. Is now able to sit up longer in bed; continue diet.

23d. Has

23d. Has now gained some appetite, also strength; to continue his diet; drink, porter a bottle.

24th. Yesterday ate hearty of fowl, and drank his porter in the course of the day; is now convalescent; continue diet, &c.

25th. Continues better; is removed to a healthy ward; continue diet and porter.

26th. Is gaining strength; diet, hashed meat; drink, porter.

27th. Feels strong, and wishes to be discharged; diet and drink whatever he wishes.

29th. Discharged cured.

Nov. 5, 1804, six o'clock, P. M. Bomb. Morton, of the Royal Artillery, aged 28 years, fair complexion, full habit, and tall, of good character; had an attack of fever in September last, of which he soon recovered, and did duty for a month; complains of sickness at his stomach, headache, pains in his limbs, thirst; tongue white, bowels costive. He says his illness began last night; pulse 104, firm; ℞ Pulv. rad. ipecac. ℈i. to be taken directly, and after the operation to bathe his feet in warm water.

6th. Morning Report. Emetic operated well, and also purged him nine times; had a bad night, his head giddy, free of pain; urine clear and in proper quantity; breathing easy; skin dry; pulse 104, soft. Ordered, a blistering plaster to the back of his neck; diet, gruel, beef tea, rice water; drink, one gill of wine, toast and water.

Evening Report. Was restless, though free of pain; skin hot and dry; face flushed; eyes continue red and very protuberant; passed one stool streaked with blood; his articulation difficult; memory impaired; pulse 96, soft. Ordered, a pint of porter to-night; pediluv. and a small clyster of broth.

7th. Morning Report. Had a good night; one natural stool; took a little of his porter; eyes and articulation the same; urine turbid; countenance darker; skin cooler, but without perspiration; pulse 96, soft. Ordered, mulled wine two gills, a little of it to be given frequently; to apply frictions with warm flannels to his extremities; diet, tapioca, gruel, and gravy soup.

Evening Report. Countenance depressed and livid; sleeps almost constantly; breathing easy; passed no stool or urine since morning; took nearly a gill of wine and some of his diet; extremities cold; free of pain; pulse 108, small and soft. Ordered, a clyster of broth every two hours; blisters

ters to his legs and mustard poultices to his feet; ℞. Spt. æther. vitr. c. gr. 30, M. camphor ℥ß. to be taken every hour; drink porter

8th. Morning Report. Slept well in the night; countenance depressed; passed one involuntary stool; articulation and swallowing more difficult; the blisters did not rise; pulse 106, soft. Ordered, wine and porter as much as possible; to apply warm bricks to his feet; continue æther and camph. mixt.; to have a clyster every two hours of ext. cort. peruv. ʒiij. dissolved in a gill of beef tea.

Evening Report. Countenance perfectly livid; extremities cold; passed two involuntary stools, one previous to his injections; took his medicine, but scarcely any thing else; had four clysters administered; lays totally insensible; pulse imperceptible. Ordered, to continue his medicine, and any nutriment he can swallow.

9th. Morning Report, seven o'clock. He expired at eleven o'clock last night. The body is so putrid and offensive, it is not considered advisable to examine any internal part.

Nov. 15, 1804. Gunner Michael Boyle, of the Royal Artillery, a married man, usually sober, and of good character, of a weak habit of body, fair complexion, light blue eyes, low stature, generally enjoying good health, had been lately in the hospital for ophthalmia, afterwards for a slight fever; pulse 112, firm; skin dry. Complains of head-ache, nausea, pains all over the body and limbs, restlessness, eyes red and protuberant, thirst, white tongue, bowels costive. Ordered, ipecac. ℈j. to be worked off with warm water; afterwards to apply a blistering plaster to the nape of the neck. Diet, panada, tapioca, sago, broth, tea, &c.

16th. Emetic operated well, the blister rose well; had an injection in the evening without salt, had six stools in the night, at intervals slept easy; skin rather moist, head-ache rather abated, tongue furred, surrounded with a red seam, bowels uneasy, countenance lively. Ordered, a starch clyster. Diet, as before; drink, two gills of wine, toast and rice water; pulse 100, softer.

17th. Rested ill in the night; frequent watery stools; stomach easy, but no relish for food; pulse 96, weaker; skin, a sensation of heat remained after the touch; no perspiration, pains gone, urine free, no sediment. Ordered, tinct. opii & spt. vit. c. gr. x. after every stool. Continue diet and drink.

18th. Was

18th. Was restless; passed seven watery stools; countenance depressed, and of a livid appearance; eat little; took his wine; pulse 90, soft; complains of great debility; disturbed sleep; skin cool, tongue white, rather shining. Ordered a starch clyster with tinct. opii ʒj. Diet as before; drink, half a bottle of porter and two gills of wine.

19th. Feels relieved; had only one evacuation by stool, nearly natural; slept soundly in the night; perspired freely; urine free, and no sediment; pulse 80, soft; countenance depressed. Continue diet and drink, and brandy and water.

20th. Rested ill in the night; had one natural stool; countenance continues livid, eyes red, tongue clean, extremities cold; could not bear spirits in any way; took a little of his diet and drink; pulse 86, feeble. Ordered the camphor mixture, two spoons full every two hours. Diet as before; also a beef steak well seasoned. Drink one bottle of porter and two gills of wine.

21st. He took his medicine four times, feels confidence and is better, no stool, stomach, &c. easy; pulse 80, soft; eat a little, took his drink, but cannot relish more porter; extremities warm; had some hours comfortable sleep. Continue M. camph. Diet as before and potatoes. Drink, six gills of wine.

22d. Is considerably better, countenance lively, pulse natural; had one stool; skin cool; took a bit of steak; had his medicine three times, took his drink; discontinue medicines. Continue diet and drink.

23d. Is better, rested well; one stool; pulse and skin natural. Ordered diet, fowl and gravy soup. Drink, six gills of wine.

24th. Took his diet and drink with appetite; is convalescent. Ordered diet, fowl and gravy soup. Drink, half a bottle of porter and six gills of wine; is ordered to a healthy ward.

25th. As at last Report. Continue diet and drink.

26th. Continues better, and has gained strength. Continue diet. Drink, half a bottle of porter and four gills of wine.

27th. Continues gaining strength. Diet, hashed meat. Drink, one bottle of porter.

30th. Convalescent. Discharged cured.

Nov. 9, 1804. Morning Report. Private Bloomfield of the R. M. Artificers, aged twenty years, of a fair complexion and low stature, usually healthy, had been in hospital about a month since with a slight fever; complains of

of pain in his head, back, and limbs; prostration of strength, sickness of stomach; pulse 78, firm; tongue white, skin dry; felt his illness come on yesterday; had a purging stool this morning. ℞. Pulv. rad. ipecac. ℈j.

Evening Report. Emetic operated well; pains continue; no stool; skin moist; pulse 80, softer; tongue white, with a red seam round its edge; slept three hours. Ordered, a common clyster, also a blistering plaster to the back of his neck.

10th. Morning Report. Had seven stools; restless; nausea; hæmorrhage from his nose; no appetite; head not so painful; countenance lively; tongue as yesterday; pulse 84, soft. Diet prescribed, sago, gravy soup; to drink a gill of wine in his food. Drink rice water, and toast and water.

Evening Report. Uneasy at stomach, particularly after taking food; five stools; frequent retching, but without rejecting any thing from his stomach. Ordered, to drink camomile water to produce vomiting; afterwards, ℞. Tinct. opii & spt. æther. vit. c. ā gt. x. in peppermint water.

11th. Morning Report. Took five doses of his medicine, which did not induce sleep or relieve the retching; had two stools; when he attempts to turn on his right side it induces full vomiting; continues to discharge blood from his nose and mouth; heaviness and also pain at stomach; pulse 70, soft. Ordered, a blistering plaster to his stomach. Diet as before and tapioca. Drink mucilage of g. arab.

Evening Report. Slept some; blister rises well; more easy at stomach; one stool; pulse 72, soft; skin cool. Ordered, a gill of wine. Continue mucilage.

12th. Morning Report. Is easier; slept a little in the night; had two stools; thirst; perspired a little; pulse 75, soft. Ordered, drink and diet as before.

Evening Report. Restless; no sickness at stomach; two stools; pulse 72, soft. Ordered, to continue mucilage and wine.

13th. Morning Report. Passed a bad night; no stool; his nose bleeds a little; pulse 70, feeble. ℞. Mixt. camphor. ℥ß. every two hours. Diet as before. Drink, a bottle of porter, and two gills of wine in his food.

14th. Slept tolerably; could not relish his porter; one stool; gums bleed; eyes of a yellow tinge; the blistered part on his neck fœtid; pulse 78, soft; countenance depressed. Ordered, diet a well-seasoned beef steak and potatoes. Drink, four gills of wine, as he can bear it; also the decoct. cinch. with the acid. vit. to gargle his mouth.

16th. Continued his plan of cure; is considerably better but very weak; hæmorrhage from the gums entirely stopped;

stopped; feels a return of appetite. Ordered, diet solid animal food. Drink, six gills of wine.

18th. Continues better; bowels regular; tongue clean; eyes losing the yellow tinge. Ordered, to continue his diet and wine, ad libit. also to be removed to a healthy ward.

25th. Continues convalescent; had followed his plan of diet and wine, only diminishing the quantity of the latter as he gained strength. Discharged cured.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE publication of Cases, and animadversions upon them, have been admitted in all ages and times; it has prevented the ignorant and illiberal mind from taking shelter under the recovery of the patient, as daily done by the Quack and the Charlatan; it has given spirit to discussion; and collisions of sentiments and opinions, have in a great measure brought the healing art to its present perfection.*

In No. 68 of the Med. and Phys. Journal, Dr. Trotter earnestly requested medical men to offer their *animadversions* on a case he then published. As no notice has been taken of it in the Journal; and as Dr. T. has sent another paper on the same subject in No. 72, and promises a third, I am inclined, with your permission, to make a few animadversions on the case. Non tantas componere lites, between two such eminent physicians, but to mention some doubts I entertained on my first reading the case, respecting the nature of it. As Dr. Trotter has solicited the medical world to speak out on the occasion, I hope he will not take offence at what I have written, as he may be well assured, no offence is intended.

Dr. Trotter is pleased to call the disease *Gastrodynia*. Among the most eminent systematic nosological writers, that word is used as a generic term by Sauvages only. He has mentioned twenty different species of it, from different and opposite causes; all which Dr. Cullen has included among his species of the genus Dyspepsia. Sauvagesii definitio: Quicumque dolor notabilis et constans in regione stomachi, qui continua animi defectione non stipatur ut cardialgia, nec pyrexia ut gastritis. Or. IV. g. XXI.

Dr.

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* Dr. Trotter's Letter, Medical and Physical Journal, No. 72.

Dr. Trotter describes the symptoms of the disease, and says, there was "a most acute pain in the epigastric region towards the right hypochondrium, under the last rib, and darting from thence acutely upwards to the shoulder of the same side; pulse 140, and moderate."

These symptoms appeared to me at first sight to belong to a very different and more dangerous disease; and the result of the case, I hope, will support that opinion.

As there is nothing similar in the definitions given by Sauvages and Dr. T. it may be presumed the disease was not Gastrodynia; but as my opinion can have little or no weight in the estimation of Dr. T. I will call to my assistance the opinion of our venerable preceptor. His definition of hepatitis is, (Cullen Synops. g. xvii.)

"Pyrexia, tension and pain in the right hypochondrium; sometimes pungent like that of pleurisy, but more frequently obtuse; a pain reaching to the clavicle and top of the right shoulder; a difficulty of lying on the left side; dyspnœa; dry cough, vomiting, and hiccup."

These symptoms are so very synonymous with those Dr. Trotter has given, that, I hope, if he will dispassionately compare them, he will be inclined to renounce, at least to moderate, his opinion.

In the definitions of the inflammations of all the other abdominal viscera, there is not a word said of "a most acute pain in the epigastric region towards the right hypochondrium, under the last rib, and darting from thence upwards to the shoulder of the same side." These are the unequivocal symptoms of hepatitis.

I will not trouble you with the daily reports, but refer you to the case at large, No. 68 of your Journal. I however beg to call your attention to the minutes of what passed on the seventeenth day.

"A purging mixture was ordered last night. She had six motions in the course of this day, resembling coffee-grounds, without any mixture of fæcal matter."

I wish to know, from whence came so great a quantity of coffee-coloured matter? From the frequent involuntary discharge upwards by vomiting, and downwards by purgatives, few medical men will be hardy enough to prove it was lodged in the stomach or bowels. Is it possible that these six evacuations of coffee-coloured matter could come from any quarter so likely as from the liver, which had been in a state of inflammatory obstruction during the illness? It seemed a critical termination of the disease. And behold, "On the nineteenth had a good night, pulse 98." The pulse fell from 140 to 98; and during Dr. T's attendance, it never exceeded 114 in the evening.

I am, &c.

Newcastle, Feb. 11, 1805. A. FOGO.

To the Editors of the Medical and Physical Journal.

Gentlemen,

NOTWITHSTANDING the ample discussion which has taken place relative to the nature and character of the late influenza, there still, I observe, exists a considerable difference of opinion among practitioners, not only with regard to the treatment of this disease, but also respecting the mode of its propagation. If, therefore, you deem the arguments and evidence brought forward in the following cursory observations, which were written during the decline of that epidemic, without any view at the time to publication, as tending in the least degree to elucidate the subject, I have to request that you would give them a place in your useful Journal.

I am, &c.

Clement's Inn, Jan. 4, 1805. R. HALL.

The nature and origin of febrile contagion, have, in every age, deservedly attracted the attention of physicians, and various doctrines have been maintained by different authors on this subject. Hippocrates himself, although he certainly marks with care the changes of seasons, in his account of diseases, nevertheless seems to favour the opinion that all epidemics are the offspring of a pestilential constitution of the air, since the το θεῖον, to which he ascribes so much influence in their production, can be only understood to refer to some occult principle in the atmosphere.

Fracastorius, a writer of the fifteenth century, appears also to have entertained sentiments nearly similar on this subject; for, in speaking of the sudor Anglicanus, which, from the accounts transmitted to us, appears to have had a striking resemblance to epidemic catarrhs of modern times, he observes, " In Britannia insula genus est pestilentis febris, et contagiosae . . . . est autem non contagiosa solum de uno in alium, sed vagatur etiam de civitate in civitatem. Quapropter in vitio aëris praecipue enasci censendum est."

Allied to these opinions is the doctrine of the celebrated Sydenham, that certain constitutions of the atmosphere, produced from occult causes certain diseases, and favoured the

the diffusion of others. This doctrine he applied not only to the plague, and other exanthematic affections, such as the small-pox, measles, &c. but also to acute contagious diseases in general when prevailing in an epidemic form. Such a doctrine seems, however, repugnant to the universal experience of medical practitioners, and is evidently the result of a partial and narrow view of the subject. But, independently of direct facts, the inferences deducible from this opinion are, in our apprehension, equivalent to a *reductio ad absurdum*, for, if the doctrine were well founded, it would inevitably follow, that no human power could prevent the propagation of infection, and all attempts by ventilation, separation, and other means to arrest its progress, would prove altogether abortive. Fortunately, however, experience has not only proved the utility of such measures in controlling the destructive agency of contagious virus, but that every kind of contagion with which we are acquainted, is so circumscribed in its sphere of action, as to be incapable of producing any noxious effects, except at a small distance from its source.

Other writers, renouncing the agency of any occult principle, endeavour, on the contrary, to explain the rise and progress of all epidemics from the sensible qualities of the air; but although it must be admitted, that sudden alt rations of temperature, or rather the stimulus of heat, acting on excitability much accumulated from previous exposure to cold, produce great effects on the living system, yet, when we consider the gradual progress, the circumscribed range, and still more especially the prevalence of such diseases in all kinds of seasons, and in very different states of the weather, it must we conceive be acknowledged, that, whatever share such changes may remotely have in the production of pestilential maladies, they are propagated and diffused by the influence of other means than mere alternations of temperature, or any peculiar state of the atmosphere.

The origin of contagion is unquestionably a subject involved in considerable obscurity, and until farther advances be made in chemical physiology, may perhaps still continue to elude investigation. From a variety of facts, however, it appears sufficiently probable, that all pestilential maladies arise from a specific matter generated in the animal system, in consequence of diseased action, and that they are afterwards communicated from one person to another, in proportion to the degree of concentration in the poison, and the susceptibility of the individuals exposed to its influence.

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The application of the same noxious powers, originally productive of any given contagion, may doubtless at all times individually produce it, under similar circumstances; although there seems reason to believe that this is the case in comparatively few instances; yet, without admitting this position as a fact, how shall we explain the occurrence of typhus, which is indubitably contagious, in persons at a period when, on the strictest investigation, the disease could be traced to no infectious source whatever?

What has been here advanced, respecting pestilential diseases in general, appears to us strictly applicable to the present influenza; for although various facts and arguments have been adduced to disprove the infectious quality of this malady, yet, so far as attentive observation has enabled us to form any judgment on the subject, we are decidedly of opinion, that it is in its nature truly contagious, and alike communicable, as the poison of typhus, scarlatina, &c. from one individual to another.

The reasons which principally induce us to conclude, in common with many other practitioners, that this disease is propagated by individual contagion, are:

1st. From having, in several of the cases which fell under our own observation, been able distinctly to trace previous communication between the patient, and some infected person or place wherein the disease existed.

2dly. From the safety of several families, that remained wholly in a state of seclusion during the prevalence of the epidemic.

3dly. From its attacking persons in succession, living in the same house or family.

4thly. From its spreading, like other infectious diseases, more especially among those exposed, by their more free intercourse with each other, to the influence of the contagion.

Without, however, taking into consideration these and various other facts, which might be adduced as affording the most satisfactory evidence of the propagation of this disease by human contagion, how, on the supposition of its proceeding from a morbid state of the atmosphere, did it not affect different countries at the same period? Or how, if, according to the advocates of this opinion, the mass of air were so vitiated, can we explain the progressive course of the disease? Surely, a cause so universal should have produced effects more nearly simultaneous. Whereas, on the contrary, a marked interval occurred not only between its appearance in one county and

 another,

another, but even in different towns, and in different individuals of the same family. Why, moreover, were individuals exempted, who, though not confining themselves within doors, yet sedulously kept apart from persons or places, wherein the disease existed? How, on the same principle, can we explain the appearance of this epidemic, first in sea-port towns and in large cities, and its gradual diffusion afterwards in every direction through the circumjacent country? Or how, in the present case, can the air act as an agent in disseminating the infectious virus, when it has been fully demonstrated, that all other febrilizing poisons are rendered innoxious, either by diffusion, or chemical solution in the atmosphere.

These and many other similar questions cannot, it is obvious, be satisfactorily answered by those who ascribe the disease in question to a morbid constitution of the atmosphere; whilst, on the contrary, all of them may be easily accounted for by admitting the disease in its origin and progress to depend on human contagion.

Nothing can be more fallacious in medical science, than to build any theory, or to establish any principle, on a few detached facts, inaccurately stated, and ill understood; yet, in the question at issue, it has always appeared to us that the advocates for the non-contagious nature of the influenza have been betrayed into this error, by founding their conclusions on the exemption of individuals, who, though exposed to the action of the contagion, remained free from the complaint: but, it surely does not hence follow, that the epidemic in question is not of a contagious nature, since similar cases of exemption not unfrequently occur on exposure to the variolous, and other infectious poisons, which are yet universally allowed to be contagious. If, therefore, a mass of positive testimony can be adduced to prove the contagious character of epidemic catarrh, little regard is due to any negative facts or exceptions, since, were such a mode of argumentation admissible, it might be proved that no disease whatever is contagious.

Another source of fallacy, respecting the character of this disease, seems to have arisen from a want of due attention to the distinction between catarrh and influenza, which, it must be confessed, unless in strongly marked cases, and without a strict inquiry into the symptoms, and the previous situation of the patient, it is not always easy to ascertain. Besides as, from the testimony of practitioners themselves, it appears that the idea of the influenza,

during

during its prevalence, took such complete possession of the mind as to be frequently associated not only with catarrhal complaints, but with almost every other indisposition to which it had the most distant resemblance, it seems natural to infer, that these circumstances would frequently lead to an erroneous judgment respecting the nature of the malady under consideration.

Several instances are recorded of the same patient having been re-attacked by the influenza, during the same season; and as it has been supposed, that specific contagions can affect individuals only once during life, this circumstance has been urged as a farther confirmation of the non-contagious nature of this malady. Now, although the above doctrine may hold true in general, with regard to measles, small-pox, &c. it will not apply to other contagious diseases, as typhus, scarlatina, &c. to which, after some time, the same susceptibility returns as at first; admitting even, therefore, that in a few individual cases, a second attack of the influenza may really have occurred, yet this is no more than has, in some instances, been observed in other diseases allowed to depend on specific contagion, and can afford no convincing argument in favour of the non-contagious nature of this disease. We ourselves never witnessed a second accession of influenza; that is, any case where, after a complete recovery, the disease recurred with the same characteristic symptoms as at first; but we have frequently met with instances, in which the symptoms became so aggravated by neglect and mismanagement, as to assume the appearance of a new attack. We are, however, far from asserting, that in no instance whatever did any person experience a recurrence of this disease; but we may venture to affirm that it is a circumstance of more rare occurrence than some practitioners seem willing to admit, and that relapses from inattention or neglect, during the period of convalescence, must have frequently given occasion to this mistake.

Of all epidemics with which we are acquainted, the influenza is the most remarkable for its wide and extensive range, seldom appearing in any one country of Europe, without being successively transferred to every other part of it, as well as frequently to other quarters of the globe. The supposition of this malady being a contagious disease, communicable by personal intercourse, the opponents to infection likewise allege, does not accord with its wide and rapid extension, since other contagious maladies, they observe, are not propagated with the same degree of rapidi-

ty that marked its progress. This argument, however, cannot in our opinion furnish any valid objection, tending to disprove the contagious character of the disease; for when patients labour under any epidemic affection avowedly contagious, they are for the most part, through necessity, subjected to confinement; and the propagation of infection is thereby restrained: whereas, in the influenza, the majority of those who were attacked by it, experienced so slight an indisposition, that continuing to intermix with society at large, they disseminated the contagion more widely and generally than in other epidemics.

In contagious diseases, it is besides well known, that the poison, after its reception into the system, remains for a longer or shorter period in a dormant state, before exciting any perceptible commotion in the animal economy. From this circumstance, as well as from the invisible nature of the miasmata, it is indeed extremely difficult in many cases, satisfactorily to trace the communication of the contagion; yet, in our opinion, the facts recorded respecting the rise, progress, and declension of this and similar epidemics, with their prevalence under different degrees of temperature, and in very different states of the weather, furnish as striking evidence as the nature of the case will admit, that the influenza is, in its origin and progress, wholly dependent on human contagion.

We cannot affirm, from our own experience, whether the influenza could be imparted by clothes or fomites; but reason and analogy, as well as several facts recorded in the history of this affection, tend to support the affirmative of this proposition, and induce us to believe, that the infection may occasionally be conveyed by such intermedia, in a sufficient degree of concentration to give rise to the disease.

As domestic animals, it is well known, frequently suffer as well as man, under the operation of analogous agents, we endeavoured, with a view to obtain farther light as to the nature of the disease, and its remote causes, likewise to ascertain, whether any of them had been subjected to a similar malady; but we have not been able to procure any information on this subject deserving of attention. Mr. Du Gard, in the Medical and Physical Journal for Sept. 1804, has recorded the case of a boy who appears to have caught the influenza from caressing a cat ill of this disorder. What seems to us the converse of this case immediately fell under our own observation. A cat carefully kept secluded, for a particular purpose, from every

other

other animal, within a few hours after being fondled by a person labouring under the disease, was attacked by a complaint, which evidently seemed to be an inflammatory affection of the Schneiderian membrane. As the animal had always been confined in a room of a very uniform temperature, and never exposed to any vicissitudes of heat and cold, it is not improbable that the catarrhal affection was in this case communicated from the human to the brute animal. But, however analogical reasoning may tend to fortify such an inference, yet we are fully aware that this opinion requires farther confirmation, and that without an enlarged induction of facts, we can conclude nothing decisive on this subject.

It would be here wholly unnecessary to enter into any history of the symptoms of this affection, since these have been sufficiently described by the numerous writers on this important subject. With respect to the essential character of the disease, the sentiments of practitioners appear to be no less dissimilar than with regard to its contagious nature: this, however, is a question of the utmost importance to ascertain, as much mischief may arise by not distinguishing its occasional varieties, produced by difference of age, sex, temperament, &c. from the permanent and specific character of the disease. For our own part, after an attentive observation of its prevailing symptoms, in the very few cases which fell under our own observation, we are inclined to agree with those practitioners, who consider it to be of an inflammatory nature; for although the symptoms in this, as in former epidemics of the same kind, varied, not only in different individuals, but likewise in their degree of violence and duration, as well as with respect to the order in which they occurred, yet the disease never lost its appropriate character, and indeed, in the majority of cases, appeared only to differ in degree from common catarrh. We were farther confirmed in this opinion, by observing the greater or less local irritation that always prevailed in the pulmonary organs, as well as by the disease readily yielding to a cooling plan of treatment. As to the extreme debility, which is considered by some practitioners as constituting the leading and pathognomic symptom in this affection, we are inclined to think, that it was at least greatly aggravated, if not often induced by the injudicious employment of stimulants in the incipient stage of the disease, frequently even before recourse was had to medical assistance. In our limited practice, this was no very unusual occurrence;

in one case in particular,* that of Mr. Gibson, a very ingenious artist residing at Hampstead, the mischief resulting from such conduct, and the beneficial effects of a contrary mode of treatment were so evident, as to strike even the patient himself.†

In the slighter forms of the disease, nothing more was necessary than an attention to regimen, and the proper regulation of the bowels; in more violent cases, however, especially if attended with nausea or sickness, emetics were found useful. When local pains, accompanied with impeded respiration, prevailed, they readily yielded to the application of blisters, or repeated friction with rubefacients. Opiates generally proved hurtful in the first stage of the complaint, during the continuance of local and general excitement; but, towards its decline, when the febrile symptoms had subsided, they were found extremely beneficial, not only in mitigating the severity of the cough, but in promoting expectoration, and supporting a determination

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* In this case, which was distinctly traceable to personal communication, the infection came into action within forty-eight hours after it had been received.

† During the prevalence of epidemic catarrh in 1782, I had an opportunity of witnessing the beneficial effects of a cooling regimen in this disease on a pretty extensive scale in the south of Scotland. Among that class of inhabitants, who are not in the habit of calling in medical aid, except on very urgent occasions, it was a favourite custom, on being attacked by influenza, to drink at going to bed a large draught of the coldest spring water they could procure, strewed over with a handful of oatmeal. This remedy, as may well be supposed, generally operated to produce a diaphoresis, or sweat, and aided by atmospheric exposure, and a meagre diet, to which such patients are necessarily subjected, seldom failed speedily to put an end to the complaint. Whereas, on the contrary, amongst the more opulent classes, who indulged themselves in warm apartments, and in the use of a heating regimen, the disease was, for the most part, protracted to a considerable length. Whilst, to the unenlightened mind this remedy appeared to possess some occult virtue, to the medical practitioner it must be obvious, that it acted merely, like other cooling fluids, by diminishing preternatural heat, and repressing systematic irritation.

A fact to the same purpose, and which I recollect struck me very forcibly on reading it some years ago, is related by Dr. Rutty in his History of the Weather and Seasons during the Continuance of the Catarrhal Fever among the Horses in 1760, and which, in its origin and progress, appears from his account, to have been subject to the same laws as the influenza among the human species. A great many of these animals fell a sacrifice to too warm a regimen, particularly in the barracks at Dublin, where they were kept closely crouded in the stables; here they lost thirty-eight out of two hundred and fifty: whilst at a stand of chaise horses, subjected to more exercise, and a cooler regimen, the proportion of deaths was only two out of thirty-six.

mination to the skin. When however the cough proved more obstinate than usual, and, at the same time, was accompanied with general irritability, quick and hard pulse, dyspnœa, &c. no medicine was found more effectual in combating these symptoms than small doses of tincture of digitalis, either exhibited by itself, or in conjunction with opiates. By such means, and the occasional employment of other auxiliaries, the complaint never failed to be speedily overcome.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE justness of my former " Observations on modern Pharmacopœias," I am well assured, still remains valid. The subject is certainly of too much importance to society to be hastily deserted as incurable, while so many palpable errors, so much incongruence and ambiguity exist. I trust, therefore, I shall stand fully excused, if I still persevere in an humble endeavour to inculcate the necessity of that reform, which, if it do not reach perfection, may, undoubtedly, obtain uniformity and precision.

My first remarks, inserted in the Medical and Physical Journal for April, were, for reasons then given, principally confined to the last edition of the Edinburgh Pharmacopœia; and those which appeared in your Number for July, were, with but few exceptions, dictated by a superficial, though, as far as I have gone, I hope, a very accurate, reading of Doctor Swediaur's *Pharmacopœia Medici Practici Universalis.*

The contents of the letter I am now to lay before you, do not occur from any industrious, curious, or methodical examination of this or that Dispensatory, for such a task would occupy more time than I can well bestow; they result rather from contemplating the present condition of modern productions on this subject, in which I observe more discordance than the present highly advanced knowledge of the sciences ought to allow. But, above all, the dangerous disparity in our metropolitan dispensatories, those of the Colleges of London, Edinburgh and Dublin, demands our first consideration. Among these works I observe such a degree of dissonance, such faltering and hesitation, and so much more attention bestowed upon the

the capricious nomenclature of the day than to the more essential parts of pharmacy, that nothing more is requisite to prompt me to confine these observations chiefly to vernacular errors.

Repeated examples have convinced me, that the major part of medical practitioners in the three kingdoms do not suspect that so much variance prevails. It were superfluous to urge, that, by virtue of authority from the King and Council, the jurisdiction of the College of London extends in some parts a few miles *beyond* the Tweed; and that the limits of the College of Edinburgh, also in its turn, reach still farther on *this side* of the same river.

Indeed, no two counties, or parishes, in the whole empire are more contiguous nor closely linked than England and Scotland; so nearly, indeed, that if the dispensatories be strictly obeyed, it may frequently happen, that the medicine prepared from the same prescription shall essentially differ when followed by one apothecary, who lives perhaps but a few miles, nay even a few yards, separate from another.

Is it not, therefore, truly absurd that one college should order more or less of opium, mercury, scammony, or other formidable article, or indeed of any acid, alkali or drug whatever, than is prescribed by so near a neighbour as the sister-college, in any composition to which *both* colleges give the *same* identical title? Is it consonant with the safety of medical practice for the *opium pill* of one of our dispensatories to exceed that of either of the others so much as to contain *double* the quantity of opium?

When any medicine has proved successful, either in the relief or cure of a disease, it is very natural, nay, very prudent, for the patient to be tenacious of such a prescription, to preserve it in case of a recurrence of his complaint, and to carry it with him wherever he may go. Those, therefore, who, either for pleasure or business, occasionally change their residence, particularly members of the united Parliament, should be very circumspect; they should be aware in the present imperfect state of the British dispensatories, that a mere change of place may produce a most serious change in the prescription; so that, what formerly had a happy effect, may now prove either ineffectual or dangerous.

Whenever either of the three colleges shall commence a reform, or, as it is commonly termed, a *new edition*, it will then be in its power liberally to come forward, and endeavour to converge towards that desirable *uniformity* of

of *prescription*, if nothing more can be obtained;—then would be a favourable opportunity to change the proportion of this or that ingredient in some of the most objectionable compounds as they now stand; and, did no other reason exist, the change would be fully warranted were it merely the propriety of being in unison with a neighbour so near.

Such seasonable occasions have frequently presented themselves both to the College of London and to that of Edinburgh; and, I am sorry to observe, neither of them has availed itself of any such advantage. One of the most fair and opportune occurred lately, when the College of Edinburgh compiled the present edition of its Pharmacopœia.

A mere reduction or increase of a single compound, a slight change of an *opiate* or *mercurial pill*, of a *compound powder of scammony*, or of an *opiate electuary* or even of a *diluted sulphuric acid*, so as to assimilate with the standard of the London College, could not have disparaged the College of Edinburgh.

An example of such magnanimity, from the first school of medicine in the world, could not fail to be gratefully acknowledged and readily followed. Such conduct must have stimulated the other colleges to vie with each other to promote a coalition of sentiment as well as interest; and to fraternise, as it were, the whole medical kingdom.

If we compare some of the *formulæ* in the three Dispensatories, one would imagine they had been dictated by caprice; that each college was too tenacious of its own rights to make one step towards that mutual improvement, so essential to the success and accuracy of the practice of physic; and that, rather than forego that power, they would still continue in the line of deviation.

Even in one very simple article alone, sufficient grounds for this accusation may be found. The *diluted sulphuric acid*, a thing frequently prescribed, contains, according to one college, a *ninth* part of acid, and the other colleges have ordered one *eighth*; and this difference, although but slight, seems adopted without any reason.

The College of Edinburgh has, in some measure, I presume, invaded the nomenclature of its neighbour, by adopting the *same name* to denote a *caustic* article, which has, for these sixteen years past, been in use by the College of London to distinguish *mild* volatile alkali. In this age of novelty, when the propensity to coin new names is so predominant, some other more appropriate title

title might have been devised in the place of aqua ammoniæ Rather than encroach upon the London Pharmacopœia, one of these might have been preferred, viz. ammonia *soluta*—ammonia *aquosa*—*solutio* ammoniæ—or even the word *ammonia* alone. But why should the word *aqua* be joined at all? To define the article in question, is it not a *permanently elastic fluid* or *gas, dissolved in* water? Have we not many cases, perfectly analogous, in which we omit the word *aqua?* Is either the muriatic or nitric acid any thing more than a *gas dissolved* in water? So much, indeed, do I feel myself inclined to prefer brevity, that I should gladly consent to drop even the word *acidum* in the composition of names, both in chemistry and in pharmacy; for we might with the same propriety say, *alkali* potassæ, as *acidum* muriaticum.

There seems no apology for a species of versatility which modern writers adopt in their nomenclature. This may be clearly evinced by a few examples from the Edinburgh Pharmacopœia.

An aqueous solution is, in some instances, termed *solutio*; and in others *aqua*.

Thus *aqua* carbonatis potassæ, *solutio* muriatis calcis; *aqua* carbonatis ammoniæ, *aqua* acetitis ammoniæ, *solutio* sulphatis zinci, *solutio* muriatis barytæ, &c.

A solution of the *whole substance* in alcohol, or rectified spirit of wine, is sometimes called *tinctura*, and in some similar cases *alcohol*. *Alcohol ammoniatum* and *tinctura camphoræ*. If *tincture* of camphor be proper, the oleum camphoratum should be oleum *camphoræ*, as the last is a solution of the *intire substance*, called camphor, in olive-oil.

I do not perceive any peculiar force in employing the same word as an adjective in one situation and as a substantive in another. Why should there be in this volume tinct. *saponis* and empl. *saponaceum*; tinct. *opii* and pil. *opiatæ* acet. or syr. *scillæ* and pilul. *scilliticæ?*

Trochisci *gummosi* derive their title evidently from the gum arabic, which forms the most material part of their composition. Should not the *emulsio* and the *mucilago*, which also are made of the same gum, have the epithet *gummosa* bestowed upon them, in place of *arabica* to the first, and *mimosæ niloticæ* to the mucilage?

As there is no such thing as gum arabic in the emplastrum *gummosum*, there is room for some other variation to this title; and, were I disposed to invent a substitute, I should, probably, make choice of emplastrum *galbani*. The predominant smell alone would naturally give it the pre-

pre-eminence; and those who think it proper may, if they please, add *compositum*.

The very same denomination is adopted by all the three colleges to signify a medicine, in which the ingredients employed by each are shamefully dissimilar.

It is, or ought to be, thus prepared, wherever the jurisdiction of the London College is in force, viz. of equal parts of *scammony* and *hard extract of jalap*, with one ninth of the whole of *ginger*.

Within the influence of the Edinburgh College, the powder must be composed of equal parts of *scammony* and *cream of tartar*.

And in every corner of Ireland this composition is to be prepared with equal parts of *scammony* and *sulphate of potash*, with one ninth of the whole of *ginger*.

Although no two of these powders are alike, neither in taste nor efficacy, yet they all bear the same title, viz. *pulv. scammon. compositus!*

The words *confectio* and *electuarium* have so long been confounded that they must now be considered as perfectly synonymous. *Confectio* opiata of one college ought therefore to be precisely the same, at least as far as the quantity of opium is concerned, with the *electuarium* opiatum of the other. We find, however, this is not the case, for the first contains one grain of opium in *thirty-six*, and the latter has no more opium in *forty-three* grains of this compound. These two compositions differ also very materially, both in taste, smell, and, perhaps, in other qualities. The electuar. opiat. wants precision, as there is a *sufficient quantity* of wine prescribed; this quantity is consequently left to the discretion of the operator.

There is another instance of considerable disparity, such, however, as may injure the character of the apothecary more than the health of the patient. Each of the dispensatories has a prescription for the aromatic *confection* or *electuary*, so distinctly varied, that the patient may frequently be in doubt, whether from merely changing his residence, and the consequent change of *taste, smell*, and *colour* of the medicine, some blunder has not been committed; and that what he formerly took in Dublin was not at all like the same mixture, draught or bolus, which may now be prepared in London or Edinburgh.

The old *crude antimony* and the *golden sulphur* of *antimony* are now separated in name, merely by the word *præcipitatum*, which, when abbreviated, may be easily mistaken for *præparatum* or even *pulverisatum*. As the dose of

of the former, according to the most accurate posological tables, may be extended, I believe with impunity, to *two drachms,* while that of the *golden sulphur* should not exceed *five grains,* and then is frequently attended with very sensible if not violent effects, I should therefore apprehend these have not been sufficiently distinguished from each other.

The same word, *præparatum,* in various other instances, has no meaning whatever. Thus, carbonas ferri and carbonas ferri *præcipitatus.* The respectable translator of the Edinburgh Dispensatory seems also to think it redundant in respect to sulphur *præcipitatum,* since, as a medicine, it is no better than the sulphur in flowers.

There seems no more occasion to put *sublimatum* and *lotum* to the title of sulphur, than to add *solutum, exsiccatum,* and such appendages to *potassa.* Many instances occur of these superfluities in modern pharmaceutic language.

In your Journal for July, I pointed out a case of such dangerous disparity, that I am prompted to take every opportunity to make it known. It is an error of such consequence to society, that I hope every effort will be exerted to rectify the mistake, or at least to put every practitioner on his guard. What were formerly, and, I may say, for ages, known by the names of CALOMEL and that of CORROSIVE SUBLIMATE OF MERCURY, are, agreeably to the modern pharmacopœias, confounded under the *same* title, viz. *murias hydrargyri!!!*

Thus, in Dr. Swediaur's Pharmacopœia, we find it is *calomel;* and, in the Edinburgh Pharm. the hydrarg. muriat. is the strong poison or *corrosive sublimate of mercury.*

Under the head *pilulæ,* many improprieties occur, which should be corrected and revised. The College of Edinburgh avowedly mean to give such names to the formulæ as may rather display the *contents* than the *virtues* of any composition. One would not imagine that in *pil. aloës cum colocynth.* the *most active* ingredient of the whole pill is omitted in the title. If there be eight parts of aloes there are also eight parts of *scammony* in the compound; and as this is by far the most potent, it ought to have occupied the *first* place.

The *aloetic pill* of the three dispensatories is at complete variance with each other. The London College, indeed, adds the word *compositæ,* which, in many other instances, has no precise meaning whatever, especially in the Edinburgh Pharmacopœia.

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The *opium pill,* besides being discordant in point of power, as it now stands in our Dispensatories, is also not so manageable as it might have been. With extract of liquorice, it frequently becomes tough and indurated, and, consequently, not so miscible with other ingredients with which it is frequently joined.

Alcohol ammoniatum is a *binary* compound, consisting of ammonia and alcohol; *oleum ammoniatum* should, if the nomenclature were consistent, be also of the same class. The last is evidently a *ternary* composition, for, besides oil and ammonia, it contains a notable quantity of water.

The copulative *et* and preposition *cum,* as I formerly noticed, are not employed with sufficient precision. *Cum calce* in one case is with lime in *substance,* and in another it is with lime water or in *solution,* viz. potassa *cum* calce, in one instance, and oleum lini *cum* calce, in the other.

The word *oxydum* is often redundant in the nomenclature; and in numberless instances, it may be dropped with propriety. I see no absolute necessity to employ it in the new drawling title for emplastrum lithargyri, viz. *emplastrum oxidi plumbi semivitrei.* Is it possible to vitrify this metal *before* it has become oxidated? It may also be asked how the exact aliquot part of the vitrification is to be ascertained, to warrant such a title? Besides, after the lead has combined with the oil, it is assuredly no longer *litharge;* the water with which this plaster is made contains lead in *solution,* and litharge is *not* soluble in water. If the adjective *album* were added to *emplast. plumbi,* the name perhaps would be more acceptable to those who will not permit the word *litharge* to remain.

The *oxydum plumbi album,* or cerussa of the London College, is a *carbonate.* The oxide of lead attracts carbonic acid almost with as much avidity as potassa does. If this supposed oxyde be put into dilute nitric acid, the doubt will soon be removed by the assistance of a pair of scales, and, perhaps, a little lime water. I am thus explicit, as I have been publicly asked the question.

I am sorry to observe the word *linimentum* is now expunged. The beauty and richness of language often consist in a limited variety of synonymous words. It certainly appears awkward to order a limb to be anointed with a *tincture;* or to bathe the part affected with *tincture of soap* instead of *soap-liniment* or opodeldock.

From the nature of my occupation, I am compelled to a miscellaneous mode of composing these remarks; for, in a former paragraph I ought to have noticed, that although the word *oxydum* be frequently superfluous, it is also as often

often left out. This is a clear indication of the capricious state of chemical nomenclature. Among many other cases, we may bring forward several among the class of salts.

Thus, *pot-ash* and *sulphuric acid* form a true *binary* salt, called *sulphat* of *pot-ash*; but *iron* and the same acid can never produce a *sulphat* of *iron*. Nevertheless, to avoid the tedious verbosity of the present system, *I* am satisfied with *sulphas ferri* as a name. It must however be granted, that as the metal must be combined with a portion of oxygen before it be *sulphatised*, the College of Edinburgh and Dr. Swediaur would have been more consistent with the original plan, had they adopted sulphas *oxydi* ferri, murias *oxydi* hydrargyri, sulphas *oxydi* zinci, &c.

Were such rules to be followed up, we might get rid of the word *sub*, which, I believe, is often misapplied. So that *sub*-acetis cupri, according to the new system, might be *oxydum* et acetis cupri, or acetis cum *oxydo* cupri, and boras sodæ *cum sodâ*, with every other *sub*-salt in the whole list.

The article of commerce called *verdegris*, often contains some *metallic* copper, but it chiefly consists of an oxide of the metal, together with some acetic and other vegetable acids, husks and stems of grapes and other adventitious matters, for no two samples are alike; to such a complex mixture I should deem *sub-acetite* of *copper* a very improper and unsatisfactory title.

Each of our Colleges has not only a different name for *sulphuret* of *pot-ash* or liver of sulphur, but orders this compound to be prepared with a variety in the proportion of the ingredients. That by the Edinburgh Pharmacopœia is unnecessarily expensive; there is no occasion to take *pure* pot-ash, as when a carbonate is employed the acid is invariably expelled.

Pilulæ Rufi, pulvis Doveri, and some few others, in honor of the inventors, should be suffered to remain. Pulvis ipecac. *compositus* gives one the idea that this powder is a *stronger emetic* than ipecacuanha alone: and pulv. ipecac. *et* opii, to those who are about to commence their study, will never indicate a *sudorific*. Indeed, *P. sudorificus* appears to me sufficiently accurate; and *Doveri* would be no disgrace to the title.

There ought to have been a regular process for *soap*, fit for medicinal purposes, in all the dispensatories; and, were I to prefer one to another, I should take *olive* oil to be very superior to that of almonds, than which nothing is more susceptible

susceptible of rancidity; and, in respect to the alkali, we should insert pure *soda* in preference to potassa.

A kind of strict analogy ought to pervade every thing in a pharmacopœia, especially in nomenclature; and the acidum *succini* should, therefore, become *succinicum*, to agree with the whole class of acids.

The process for *sulphas sodæ*, of the Pharm. Edinb. would be more productive, and the crystallisation more perfect and successful, were *carbonate* of *soda* substituted for *chalk*, with a view to saturate any super-abundant acid. Indeed, a small excess of the alkali might be allowed.

The reasons given for using an *excess* of sulphuric acid in the process for *acidum nitrosum*, do not appear conclusive; for, by proper address, a *neutral* sulphat of pot-ash may be abstracted from even a glass retort, with as much security as from an iron pot. This acid may be drawn perfectly pure, at least as *nitrous* acid, from iron vessels; and should sulphuric acid arise, it must be on account of its original excess, or the ignorance of the operator.

In the Medical and Physical Journal for April, I gave an opinion on the oxide of antimony called *pulvis algarothi*, that it is "the most *uniform* oxide" for pharmaceutical purposes. This has been denied in a very respectable, although *anonymous*, quarter, in which it is stated to be a *sub-muriate of antimony*. I can only say, in every analysis, by the most accurate of practical chemists, it has been generally relied on as an *oxide* to ascertain the quantity of antimony contained in any mineral or metallic ore; and relying, as I do, on the repeated experiments of Klaproth, (see his Analytical Essays) I cannot forego that opinion.

As to the new fantastical name for *pulv. antimonialis*, and what I said upon the preparation, it must be recollected, the whole paragraph consisted of interrogatories; I have of course given *no* opinion on that head, but rather wait for information from others. If there be any muriatic acid in the above oxide, it must be considered more as *fortuitous*, than essential to its constitution: Thus there is such a thing as pure potash; but no quantity of lime whatever will abstract the *whole* of the carbonic acid from carbonate of potash; nor will any quantity of water succeed in divesting muriate of antimony of the *whole* of its acid.

The powder projected by Mr. Chenevix, as a substitute for James's powder may, as a medicine, be equal, if not superior to the original. However, as the first is *intirely soluble* in various acids, while the latter remains in part *insoluble*

insoluble in the same menstrua, the comparison, in regard to *nomenclature,* must cease.

For my own part, I am surprised the Edinburgh college did not adopt Mr. Chenevix's powder, since there is a degree of neatness and precision in the formula, which must always produce at least an *uniform* preparation; and this cannot be obtained in the present pulv. antimonialis, or *oxydum antimonii cum phosphate calcis.*

In a former communication I remarked, that *purified* opium was in respect to *crude* opium, as 12:9. This was not originally asserted by me, therefore does not bind me down as an advocate for *purifying* opium, which has been insinuated. The London college have, however, continued to trust this *purified* opium for many years; and I confess, although perhaps the process might be dispensed with, I have yet heard no complaints. There is a remark in the English translation of the Ph. Londinens. taken from "*Apothecaries' Report,* that $\frac{9}{12}$ of dried opium were taken up by *proof spirit*; and what remained, we may presume, was chiefly feculence. If such a solution be evaporated with *proper care,* the above conclusion will, I apprehend, prove to be very accurate.

Notwithstanding such respectable authority, I am inclined to prefer *crude* opium; for, although the purifying of this very important drug does not *spoil* it, as your correspondent has asserted, it certainly is unnecessary. What the London College term *hard* extracts should be discontinued; for I fear they are seldom to be trusted.

From repeated experiments I have found, that *crude* opium may lose by drying as much as *one-fourth* of its weight. When fresh and newly imported, it is often so very soft as to be unfit even to form pills, unless the operator, at his own discretion, add a little of some innocuous powder, such as starch or liquorice root.

As the several gradations from this extreme to perfect siccity must be very numerous, the compilers of the Edinburgh Dispensatory should, in all cases whatever, have especially insisted upon crude opium in *fine powder,* which would have effectually obviated an inconstancy which must otherwise, I fear, often occur; therefore, *crude* opium, in *fine powder,* implies, consequently, that it must previously be *dried*; and this may be done by a heat not exceeding the common temperature of our summer.

It has ever appeared to me, that there is less danger in preparing medicines to their full extent of power, provided they do not exceed the limits or capacity of the prescription, than

than to retrench that efficacy, by lessening the quantity or quality of any important ingredient. Besides *opium*, such formidable medicines as *digitalis, mercury, antimonial* preparations and others, should in all cases be administered in the state of *utmost* strength. Change of residence, to my knowledge, has been often productive of much mischief. One case, in particular, occurs to me, which may serve to elucidate this fact. It was of a lady, who, from the imperfection of *digitalis* in powder, had been ordered to augment the dose. When her medicine was expended, a fresh supply was provided, which, being newly gathered and pulverized, produced effects so much more powerful as to have nearly proved mortal.

One very cogent reason for retaining a great number of old and arbitrary names, such as *litharge, alum,* &c. is the intolerably turgid verbosity of many titles lately adopted. Almost every formula is announced by a bombastic periphrasis. Can any thing be more grating to common sense, than an *oxidum antimonii, cum sulphure per nitratem potassæ,* for crocus antimonii; *oxidum hydrargyri rubrum per acidum nitricum,* for hydrarg. nitrat. ruber; *oleum volatile corticis flavi citrus aurantii,* for oleum corticis aurantii; or, *oxidum stibii hydro-sulphuretum rubro-fuscum,* which is the last and improved edition for *Kermes mineralis.*

To complete the measure of modern absurdity, lest this periphrastic circumlocution should not be understood, Dr. Swediaur has prefixed a species of glossary to each formula, and this immediately succeeds the title. As these lists are in general most grossly imperfect, and more likely to mislead than inform the reader, I sincerely hope they will never be permitted to appear in any British pharmacopœia. In your Journal for July, I selected only a few instances, out of a very extensive number, to shew how far that gentleman's work ought to be trusted for accuracy on this score, as well as on others. I know my observations are generally at variance with at least one critique I have noticed; but that, in my mind, is of little consequence, for society will be more benefited by exposure of *faults,* than dwelling on the *perfections* in books of pharmacy, chemistry, and of every branch of medicine.

On the subject of nomenclature much may be said. The most prominent feature of the chemical system seems to be exceptionable, viz. oxygen; and this, the very keystone of the whole arch, seems defective. When a name is contrived for any newly discovered substance, it should,

 if

if possible, be divested of all ambiguity, and applied where, in all cases, it must fit without exception.

It may be insisted on, that several anomalies militate against this name; many things have the property of an acid which do *not* contain oxygen; others, in which it abounds, are *not* acids. Can any thing more effectually neutralize an alkali than common sand or *silex,* in that composition called *glass,* which cannot be decomposed by any acid whatever, if we except the *fluoric?* It is here to be remarked, that, as far as we know, fluoric *acid* contains *no* oxygen; and that this word, from its very beginning, is gratuitously received.

Had the framers of the new system called this very important simple substance *hydrogen,* there could not have been a single exception. As water forms such an immense portion of this habitable globe, and as it contains in every hundred parts, *seventy-five* of this same substance, I am surprised there should have been the least hesitation in deciding the question.

On the present occasion, however, this subject must go no farther; what I have offered may possibly induce others to attend to it, and, by general consent, bring about that speedy and effectual reform, which is so essential to the interest of society in general.

I am, &c.

Logn Acre, Dec. 14, 1804. JOS. HUME.

On receiving the following Case of Gout, treated on the cold Water Plan, we doubted whether the Author had correctly applied Dr. Kinglake's Mode of Treatment, and therefore a Copy was sent to Dr. K. for his Opinion, which is subjoined to the Case.

To the Editors of the Medical and Physical Journal.

Gentlemen,

PREVIOUSLY to entering upon the following Case, which I flatter myself you will think interesting, give me leave to premise, that I have always done my best endeavours to obviate the censure commonly thrown upon that class of the profession of which I have the honour to be a humble

humble member, viz. that they are not acquainted with the modern discoveries in medicine, and the more recent modes of treating diseases. For my own part, I lay out all the money I can afford in the purchase of new publications; and I consider it my duty to try every improved mode of treatment that appears to me feasible, on the brave men entrusted to my care. On these principles I lately purchased the ingenious work of Dr. Kinglake; and being much pleased with the simplicity as well as the efficacy of his mode of curing the gout, that obstinate disease which can now no longer, with propriety, be styled the *opprobrium medicorum*, I resolved to put it in practice the first opportunity.

It was not long before an opportunity occurred of giving its efficacy a full and fair trial. The captain of our ship, a lieutenant in his Majesty's royal navy, about sixty years of age, who had been liable to attacks of the gout for these last ten years, after being exposed all night to a drizzling rain, in following the motions of some of the enemy's small craft along the French shore, complained in the morning of being sick at stomach. This he attempted to remove by some brandy and bitters, his usual remedy; but on this occasion it did not succeed. He had no appetite for dinner; and in the evening he called me into his cabin, and showed me his foot and ankle, which were considerably swelled and inflamed. I had no doubt of this being an attack of gout. Being determined to put the new practice to the test of experiment, I immediately immersed the foot and leg in a pail of fresh drawn sea water. (It may be necessary to inform the Reader, that the patient has only one leg, the other having been amputated just below the knee, on the glorious 1st of June). He at first objected to this plan, but soon found alleviation of the pain, and he agreed on going to his cot, to have the whole of the limb wrapped up in cloths wrung out of cold water. He slept well, but in the morning complained of a coldness in his stomach. On examining the leg, the redness and inflammation had quite disappeared. He wished for a glass of Madeira, or to have some brandy in his tea. I objected to both these requests, and being determined to give Dr. K's plan a fair trial, I had taken the precaution to have some water cooled by hanging it to the main stay in a bottle surrounded with wet cloths at an early hour in the morning, where it was exposed to the full effects of evaporation; of this I prevailed on him with some difficulty to drink a large glass. Conceiving that the

the sense of coldness at his stomach, of which he still continued to complain, might be a gouty affection, I applied cloths wrung out of sea water to the patient's stomach, which were frequently renewed. During the day he complained of no pain, but he expressed no inclination for food. He frequently asked for some Madeira, or hot spirits and water; from these however, though with some difficulty, I prevailed on him to abstain. In the evening he seemed very heavy and much inclined to sleep. This I considered as a favourable symptom. About two o'clock, A. M. I was called out of my birth, and found my patient comatose, and affected with stertorous breathing. His face appearing very turgid and red, I took away, without loss of time, ten ounces of blood. But this not immediately rousing him, I applied cloths wrung out of salt water to the whole of his head, having previously taken off his night cap; and I desired my mate, who sat up with him, to keep them cool by pouring water from time to time on them from a can filled expressly for that purpose. He waked me about six, A. M. to say he was alarmed about the captain's situation. I found him insensible, with his eyes open, and breathing very hard. I had now no doubt of this being an apoplectic attack. I immediately opened the temporal artery, which however bled but little, and the patient expired about ten o'clock.

Now, Gentlemen, I would consider it as a favour, if you, or still more so, if Dr. Kinglake himself, would condescend to declare, for the satisfaction of some of our officers, who have been carping at this new mode of practice, and for the justification of my own conduct, whether any part of the plan of treatment I have now detailed, can be considered as having had any tendency to accelerate the death of the patient. For my own part, I have no doubt of the complaint having been apoplectic from the beginning, and that nothing could have prevented its fatal termination. I can hardly believe that wetting the cloths with salt water, instead of fresh, could have any material influence. On this point, also, I would humbly crave Dr. K.s kind opinion.

If you grant this insertion, you may depend on receiving an accurate account of my success in the next case of gout that falls under my care; being determined to follow up the same plan of treatment, till I see good reasons for laying it aside,

I am, &c.

Off Dungeness,
September 20, 1804.

HECTOR O'NEAL.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ACCEPT my respectful acknowledgment of your liberality, in favoring me with an opportunity of remarking on Mr. O'Neal's case, by sending me a copy of it previously to its being published.

The case is undoubtedly a very interesting one, but does not appear to me to involve the credit of the cooling treatment of gout. It should seem, that an unyielding affection of the stomach prevailed from the commencement to the termination of the disease. It is not stated that the gouty tumefaction on the foot alleviated the stomachic complaint; nor is any thing said either as to the state of the pulse, or to that of the motive condition of the nervous system.

Topical cold, as usual, removed the local inflammation, but it does not appear that the stomach suffered an aggravated degree of affection from its removal; on the contrary, less subsequent complaint was made of that organ, and sound sleep ensued.

With respect to the true nature of the stomachic affection, Mr. O'Neal is most competent to form a correct judgment of it, from his opportunity of minutely observing the existing circumstances. A sense of coldness is surely not a symptom of gouty inflammation; it rather indicates deficient than augmented excitement.

The external application of cold water to the region of the stomach is only vindicable by Mr. O'Neal's circumstantial acquaintance with the case. How far such an attempt to relieve might have succeeded in reducing positive inflammation is not in my power to determine, having never carried topical cold to that length of experiment, tho' it would seem to be an appropriate remedy.

The symptoms which more particularly indicate stomachic inflammation, are a sense of burning pain in the cavity of that organ, extreme dryness of tongue, insatiable thirst, and a rapid hard pulse. Instead of these denotations of excessive temperature, an inveterate feeling of coldness in the region of the stomach seemed to have predominated in the case in question, which gradually involved the brain in a state of comatose stupor. All this evinced failure of nervous energy, and certainly constituted the usual character of apoplectic malady.

 Mr.

Mr. O'Neal, from a much more accurate knowledge of the subject, than is possible for me to learn from a general statement, thinks the complaint was from its commencement of an apoplectic tendency, and that its fatal termination could not have been obviated. This was probably the true state of the case.

Mr. O'Neal has, with a laudable spirit of inquiry, subjected the cooling treatment of gout to trial, and he will have no reason to regret his persuasion of the salutary efficacy of the practice, if he should correctly direct the course of his experiments by the indications of sensual temperature.

It behoves me to suggest to Mr. O'Neal and to the public at large, that the cooling treatment of gout was never proposed on my authority to be extended to the regions of the visceral organs by topical affusion with cold water. It is an essential part of my doctrine that gout cannot occur on the visceral parts, for want of the requisite structure to give effect to that peculiar inflammation. These parts might, and often actually are, seriously disordered by the sympathetic influence of protracted gouty pain on the extremities; but it is for me yet to learn that the cessation of torture on these parts, can give rise to fatal excitement, whether inflammatory or nervous, on the visceral organs.

The cooling treatment of gout, like other modes of remedy, must necessarily be liable to various morbid coincidences of the system, but such accidental occurrences should stand upon their own ground; if inflammatory, they should be appropriately treated; if spasmodic, managed accordingly. Thus, if during the refrigerant treatment of gout, a sense of coldness at the stomach should occur, it would be opposing the sensual indication of cure to increase that coldness; genial warmth should be applied, by moderately exciting the stomach either dietetically or medicinally.

If spasmodic twitches should arise, opium and other suitable narcotics should be duly given. So likewise, if the head be affected, it should be treated according to the degree and kind of morbid action. When tone, energy, and excessive heat abound, diminished temperature will afford relief; but if tremor, debility, and coldness prevail, additional excitement will be indicated.

Much diseased sympathy subsists between the similar structure of the different joints; a reciprocal interchange therefore of gouty excitement between these kindred parts is very apt to obtain, and does often prevail with inveterate obstinacy,

obstinacy, but without at all involving the safety of the general health. In these instances no quarter should be given the shifting stations. The new excitement is always unequivocally announced by inflammatory heat and pain, which constitute the essential character of gout.

The visceral parts are also liable to inflammation, and were they susceptible of being affected by it by gouty transference from the joints, it would not be denoted by a failure of nervous energy, evinced by coldness of stomach, and stupor of brain, but by arterial throbbing, burning heat, exquisite torture, and violent delirium.

Under my own direction the cooling treatment of gout has succeeded without having been embarrassed by even an accidental occurrence of visceral discomposure. When irresolution or dread of any noxious effect of the treatment has induced any thing like a tremulous state of excitability, it has been my uniform practice (as mentioned in my Dissertation on Gout) to give from one to four tea spoons full of equal parts of camphorated tincture of opium and ammoniated tincture of guaiacum, in any suitable vehicle. This compound medicine has a tendency to calm morbid disturbance, and might salutarily obviate its hurtful concentration on any particular viscus.

The bold and fearless freely use the remedy without either advice or precaution, and have in no instance to my knowledge, suffered from their dauntless trial of its efficacy.

The cooling treatment of gout is ushered into the world on the firm basis of correct experience; if that support will not entitle it to an impartial scrutiny, and a fair estimate of its merits, it shall receive from me no speculative recommendation. Imaginary cases will often occur in opposition to its credit; but these, when stripped of the blandishments of prejudice, error, and fiction, will lose much of their seeming validity.

The public are put on their guard in a caution suggested by me respecting the various artifices that already have, and probably will continue to be, practised against the credit of the treatment, in my Reply just published to Mr. Edlin's two reputed cases of its fatal effects, to which the reader is referred for a view of the grounds on which the refutation of those cases is attempted, and for other information relating to the refrigerant treatment of gout.

It is my only wish in this arduous inquiry to ascertain the truth of the question; the research was instituted with an heartfelt regard to the benefit of mankind, and whether

it be accomplished by the eventual establishment or rejection of my proposal, the philanthropy of my object will be equally gratified. I am, &c.

Taunton, Dec. 14, 1804. ROBERT KINGLAKE.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

UPON referring to all the volumes of the Medical and Physical Journal now extant, I do not find that any practitioner among your Correspondents has given a single paper on the subject of Uterine Rupture. If the following case and observations should be considered sufficiently important for insertion in that valuable work, they are very much at your service.

I am, &c.

Thetford, Dec. 30, 1804. HENRY BEST.

MONDAY the 29th of last October, about one o'clock in the morning, I was requested to give my attendance as accoucheur on Mrs. Ransom, the wife of a respectable farmer residing at Hockham, a village about eight miles from this town. Her full term of gestation had expired, and I was informed, that some time before my arrival, a copious evacuation had taken place from her bowels; that during a pain, the membranes had given way, and the discharge of the liquor amnii had been very considerable; from which time the pains had been so strong and frequent, that both herself and her attendants thought the labour was making rapid progress towards a favourable termination. Upon examination per vaginam, I found the os uteri very little dilated, and the child so high up I could not obtain the smallest knowledge of its situation; and although the pains continued strong, and returned at short intervals, it was not till the evening of this day that the uterine orifice would allow me to satisfy myself, as to the nature of the presentation, when, with some little difficulty, I passed my hand, and found the head entering the superior aperture of the pelvis.

During Monday night, and the forenoon of Tuesday, she betrayed a considerable degree of inquietude, was frequently changing her posture, sometimes lying upon one side

side and sometimes upon the other, and every now and then out of bed, and walking about the room; but with a view of relieving these restless emotions she was prevailed upon to take a few drops of laudanum, which in some measure answered the desired purpose; the pains became suspended, and she enjoyed a few broken slumbers; but as soon as that medicine had ceased to act, the pains returned with their usual strength, and recurred at short regular intervals. From time to time she took a little gruel, and now and then a draught of small-beer, and frequently passed her urine. The os uteri became soft, yielding, and fully dilated. The labour made gradual progress, and at this period in no respect varied from common natural cases. By the continued and regular force of pain the head on Tuesday afternoon descended into the concavity of the os sacrum, and although the liquor amnii had been evacuated at so early a period, the state of the soft parts, the regular recurrence and strength of pain, the calmness and regularity of the pulse, and every other circumstance, promised a speedy and happy delivery. About six o'clock in the evening of this day, a servant entered the room and announced tea, when I withdrew with one of the attending ladies to another apartment, but was immediately followed by the nurse, who said "the pains had stopped all at at once," and that Mrs. R. wished to see me. Upon approaching the side of her bed, she exclaimed, "Oh Doctor! the child has slipped through to my side, and I am sure I am dying." Her respiration immediately became so quick and laborious, that she insisted upon being taken up, and was accordingly lifted out of bed; she walked a few steps, and then seated herself on the side of the bed, kept her hand to her side, and frequently repeated that she was worse and worse, and dying. Upon applying my hand to the abdomen, I distinctly discovered that some part of the child had bursted through the uterus; while vomiting, hiccuping, uterine hæmorrhage, cessation of labour pain, &c. but too clearly convinced me of the fatal catastrophe. Her respiration became more and more oppressed, and in a few minutes spasms took place, and death succeeded. In this melancholy case the symptoms of dissolution rushed on with such rapidity, and fixed her so irremoveably to the sitting posture, neither time nor opportunity allowed of any attempt to deliver the child. After an interval of thirty-six hours, I was permitted, in the presence of Mr. Mingay (with whom I am professionally connected) the nurse and another female, to open and inspect the body.

Upon

Upon making a division in the usual manner, the whole of the child with the placenta were found among the abdominal viscera, but the quantity of bloody serum contained in the cavity, together with the extreme putrid state of the parts, prevented me from ascertaining the precise situation and direction of the laceration in utero.

Upon examining the child, after removing it from the mother, it was not found to exhibit any appearance the least unusual.

Some time during the last month of Mrs. Ransom's pregnancy, I understood, that in taking the winch of the butter churn rather hastily from the servant, she received a violent blow upon the prominent part of her belly, which for some time occasioned considerable uneasiness; she mentioned this circumstance once or twice during her labour, but did not seem to attribute any ill consequence to the accident.

Mrs. R. was in the fortieth year of her age, of middling stature, and much disposed to obesity; but in general had enjoyed a good state of health. She was mother of eleven children, all now living; and as a proof there was no fault in the formation of the pelvis, she had never before experienced a difficult or even a tedious labour.

Among practitioners in Midwifery, I believe considerable opposition has prevailed in answer to the question, whether or not any attempt should be made to deliver a woman who has suffered a rupture of the uterus. The late celebrated Dr. Hunter is one among the number of those who have considered this dreadful accident as inevitably fatal both to the mother and child, and appeared to have thought an attempt to deliver, as answering no other purpose but that of increasing the sufferings of a fellow creature. In a case of this nature, quoted by Dr. A. Douglas, in which Dr. Denman was consulted, it appears that, at that period, the Doctor had no idea any woman could survive a rupture of the uterus, and therefore considered an attempt to extract the child, not only as hopeless, but likely to answer no other end but that of aggravating the sufferings of the patient. This celebrated and experienced practitioner, however, in the last edition of his excellent Treatise on the subject of Midwifery, appears to consider it our duty, "hopeless as the case must be, to pass the hand into the uterus, to turn and deliver the child by the feet, or with the forceps or vectis, or in any other manner the case will allow."

In the year 1789, the public was favored with a pamphlet,

phlet, entitled, "Observations on the Rupture of the gravid Uterus, by Dr. A. Douglas." In that interesting Essay the Doctor records a case of the kind in question, in which he was consulted, and where the circumstances of the labour urged him to turn, and extract the child; and it appears, from the clearest evidence, the woman actually recovered; that the lacerated part of the uterus reunited; and that she afterwards had two children. That the case here alluded to was that of a rupture of the uterus, the Dr's statement proves beyond a possibility of doubt; and as a copy of the most interesting part of it may not be unacceptable to such of your readers who have not had the opportunity of perusing the original; and as, at the same time, it will prove, if there is a possibility of delivering a woman who has suffered a rupture of the uterus, that the case is not entirely destitute of hope, I shall take the liberty of subjoining it.

"By examining in the common way, I could distinguish nothing except a round movable substance, which I supposed to be the head of the child; but being able to reach it only with the points of my fingers, I could not determine with any certainty what it was. The woman appearing to be, in extremis, my mind was so wholly occupied by her danger, as to preclude all reasoning with respect to the cause. Immediate delivery seemed to promise the only chance of relief, which, though slender, I resolved to afford her, by turning the child. There was no difficulty in passing my hand; and the substance which I had supposed to be the child, fled before the tips of my fingers. By following it, I at last perceived my hand was in a cavity which in no sort resembled the uterus. I was then forcibly and painfully struck with the nature of the case; and on examining all round, could with certainty determine that my hand was in the cavity of the abdomen, the child lying on the fore part, on the back part the contracted uterus like an oblong ball, and the intestines hanging among my fingers. It is not easy to imagine how miserable I felt at this moment: No hope of doing good to the woman from the usual event of such cases; no possibility of consulting with any of my brethren; and a necessity of determining instantly how I was to proceed. I decided in favor of immediate delivery; my hand being in contact with the child, the feet easily to be found, and no possible advantage to be expected from delay. The death of the patient was what might reasonably be expected. I met with no obstruction to the turning and extraction,

tion of the child, except in the passage of the head thro' the brim of the pelvis. While my hand was in search of the feet, I thought I could perceive that the placenta was likewise in the abdominal cavity, therefore expected that it would be easily brought away. But in this I was mistaken; for it had so clung to the intestines, that I was under the necessity of again introducing my hand, to detach it. This was not difficult, and afforded me an opportunity of being still better instructed in the nature of the injury. The uterus seemed to have ruptured transversely, on the lower and fore part, some distance above where the vagina is connected with it, and was more contracted in its size than I thought possible in the short space of time which had elapsed since the accident. The hæmorrhage was not greater than is usual in common labours."

It appears from the Doctor's diary, that the subject of the above case was harrassed with many very distressing and threatening symptoms during the first fortnight; but that at the end of forty-five days she was so far recovered, that she walked from Clare Market to the Doctor's house in Bedford Square, without much inconvenience.

Although the experience of the past and of the present time has rendered cases of this nature almost hopeless, yet in the opinion of Dr. Denman, as well as that of Dr. Andrew Douglas, the above remarkable instance of recovery is sufficient to authorize every practitioner in future, where the case will possibly admit of it, to endeavour to deliver the patient, "and bad as her chance certainly would be, to be strenuous in using all the means which art dictates to extricate her from her danger."

It appears from the authority of Dr. Douglass, that rupture of the gravid uterus has happened more frequently than practitioners in general may have been aware of. He asserts that twenty cases, in which the fact was demonstrated by dissection, had occurred within twenty years in London, and adds, that a considerable proportion of the deaths which have happened suddenly in time of labour, or soon after delivery, may probably have been in consequence of a laceration of the womb or its appendages.

To

To Dr. BRADLEY.

DEAR SIR,

THE following case of Hæmatemesis having recently occurred, and not recollecting any detail of this species of hæmorrhage in the usual routine of medical communications, I take the liberty of requesting you to give it insertion in the next number of the Medical Journal.

I am, &c.

Bishopsgate Street, Jan. 15, 1805. JOHN SYER.

Perhaps there is no subject of human pathology at present better understood, or wherein cases are more successfully treated, than hæmorrhage. This certainly arises from our late acquaintance with the physiology of the vascular system, and a more minute knowledge of the properties of the blood. It might therefore appear superfluous, a priori, to accumulate further materials for the improvement of practice; still it must be acknowledged, that the event of every hæmorrhage will be more or less precarious, according to its situation; and therefore the medical treatment of internal hæmorrhage cannot be altogether uninteresting.

I was called, on the 12th of November last, to a young lady, of a full habit, but regular as to her modes of life, who had voided, by the act of vomiting, about 12 ounces of dark coloured blood, mixed with a small portion of bile and the usual secretion of the stomach. About ten or twelve hours previous to the accident, she had complained of pain, not very acute, in the epigastric region, and a good deal of nausea, which she attributed to some article of food that had occasioned much restlessness during the night. On first seeing her, the countenance was pale, the circulation somewhat hurried; there was a degree of universal coldness to the touch, a continuance of nausea in a slight degree, an unpleasant brackish taste in the mouth, and the patient was anticipating a return of the hæmorrhage. About a fortnight before this period she had been somewhat indisposed by a sense of languor, and failure of appetite to eat, fancied herself bilious, but could not afford any satisfactory information that could explain the cause of this hæmorrhage.

Before

Before I had an opportunity to send any thing for her relief, the hæmorrhage had recurred; but she was directed to take a draught of the infus. rosæ compos. with two scruples of magnesia vitriolata and five drops of tinct. opii every four hours, and the following morning a draught of manna and a larger quantity of magnes. vitriol.; to persist in the horizontal posture, and to abstain from vinous liquors and animal food. Very early on the morning of the 13th, she experienced a return of hæmorrhage, and had lost full 14 ounces of blood, of the same dark complexion, which coagulated as it was voided; a violent degree of vertigo and distressing sickness preceded each attack. She was now much exhausted; the purgative operated rather copiously, and there appeared with the fæces a considerable quantity of a dark chocolate coloured fluid of a highly offensive smell, intermixed with portions of coagulated blood. The pulse was from 120 to 130, accompanied with a throbbing sensation, and she had strong palpitation of the heart. She became rather alarmed, and was very irritable; every little noise or motion in the room harrassed her, and she had truly the aspect of a patient suffering from severe uterine hæmorrhage. The skin was rather clammy, and the pupil of the eye considerably dilated, which gave to that organ a glassy lustre. She was desired to persevere in the same medicines, and passed the remainder of the day and nearly the whole of the ensuing night without any alarming symptom, or return of sickness, but was seldom free from an aching pain about the stomach, and a considerable degree of dyspnœa.

On the 14th, about six o'clock in the morning, the hæmorrhage returned, (preceded by extreme sickness) to the amount of 12 ounces. The family were now much disheartened, and with difficulty concealed their sentiments from the patient; they were therefore solicitous of further advice, and a physician of considerable eminence was called in, who regarded the case as a critical one, and substituted oleaginous medicines with a small quantity of tinct. Rhæi, in lieu of the infusion of roses; at the same time directing recourse to be had to her former medicines, (which were never rejected) provided the present composition should create any nausea. Her diet consisted purely of farinaceous substances and milk; and extreme quietness was enjoined. The pulse still indicated a disposition to relapse, but she remained free from every other precursory symptom; she had violent head-ach, and the palpiration

tation of the heart gradually subsided. The bowels were rather too constipated, and the oleaginous medicines were repeated, with a double portion of the vin. Rhæi, which was still insufficient to obviate constipation, and therefore a mixture of ol. Ricini was directed. The physician discontinued his visits, and the patient was now consigned to my care. The same plans were persisted in, and she gradually recovered from the effects of the hæmorrhage, which, however, had left her very debilitated.

During her convalescence, the appetite for food was voracious, but the stomach easily disordered, and any little indulgence above the usual quantity was succeeded by pain and flatulence. The pulse gradually returned to its usual standard, but the head-ach and nervous affections alternately troubled her. She was not suffered to change her position for nine days after the last attack of hæmorrhage; and to this and other regulations in diet and medicine, which were punctually followed, might, in a great measure, be ascribed her exemption from further danger. The only symptom that tended to retard her perfect recovery, was an almost insufferable constipated state of the bowels, notwithstanding the exhibition of very powerful cathartics. No degree of œdema, or other characteristic of weakness, has supervened.

The indications of cure in hæmorrhage from the stomach, probably, do not differ much from what would be suggested in hæmorrhage from other parts of the body. The general principle of diminishing the force of the circulating powers must necessarily be attended to; the mind must be kept tranquil; and the qualities of those substances we administer, be particularly attended to. Another point may be worthy of observation, namely, the propriety of exciting the peristaltic motion of the intestines by such medicines as are not calculated to excite too powerfully the action of their muscular coats. Probably, the best mode of accomplishing this may be through the medium of injections; but I have no intention of establishing any position from the result of a solitary case, and shall leave any further comments upon it to your more literary Correspondents.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT is always with concern, that we observe the pages of your useful Journal, in place of being occupied with facts, or observations tending to the improvement or the more general diffusion of science, filled with a detail of practices perfectly familiar to every tyro in the school of medicine. We would not be thought by this to discourage unassuming merit, or to insinuate that practitioners ought never to publish the result of their professional experience respecting the virtues of any medicine, or the success of any particular method of treatment, although in very general use; our intention is merely to reprobate the custom of obtruding on the public, as the result of much reflection, and with all the pomp of discovery, opinions and modes of practice, which are to be found in every popular treatise on domestic medicine.

These reflections were suggested to our mind, by observing in the Medical and Physical Journal, for October, the adoption of cupping-glasses proposed as a means of eliminating the poison from wounds inflicted by the bites of rabid animals. In early times, suction, as it is erroneously termed, either by the mouth, or by means of appropriate instruments, was much employed, not only for the removal of every kind of poison in wounds, but also the matter in abscesses, and for various other purposes. Modern practitioners have also availed themselves of the same means to answer similar ends; nor has it been unusual with them, as Mr. Hardman would seem to insinuate, (Medical Journal, page 328) to have recourse to the application of cupping glasses after the use of leeches, when the situation of the parts readily admits of it, and when it is necessary to abstract a greater quantity of blood than would otherwise flow from the wounds made by those animals.

On the subject of hydrophobia, even that sagacious physician Celsus, above a thousand years ago, did not rely on suction alone, in such cases; he at the same time recommends the employment either of the actual cautery, or escharotics. Utique autem, observes that author, in describing the treatment necessary to be pursued against the bites of rabid animals, si rabiosus canis fuit, cucurbitula virus

virus ejus extrahendum est. Deinde, si locus neque nervosus, neque musculosus est, vulnus id adurendum est. Si uri non potest, sanguinem homini mitti non alienum est. Tum usto quidem vulneri superimponenda, quæ cæteris ustis sunt. Ei vero, quod expertum ignem non est, ea medicamenta, quæ vehementer exedunt. And again, when treating of the bites of vipers, In primis supra vulnus id membrum deligandum est: non tamen nimium vehementer, ne torpeat. Dein venenum extrahendum est. Id cucurbitula optime facit. Neque alienum est, ante scalpello circa vulnus incidere, quo plus vitiati jam sanguinis extrahatur. Si cucurbitula non est, (quod tamen vix incidere potest) tum quodlibet simile vas, quod idem possit. Si ne id quidem est, homo adhibendus est, qui vulnus exsugat. Galen and Hildanus, as well as many other ancient physicians, likewise recommend the same practice; and were it necessary, we might multiply quotations from every modern author who has written on this subject.

Without entering into the pathological question, whether hydrophobia depends on nervous irritation, or on absorption, or detailing the different arguments by which each of these opinions is supported, we shall, at present, only briefly observe, that as we are unacquainted with any mode of practice, on the success of which, after the accession of the complaint, we can certainly depend, so it must be evident that the most important object for consideration is the means of prevention to be employed, after the bite or application of the virus. To accomplish this end, various measures have been employed; but it may be here not improper to caution the younger members of the profession, against implicitly relying on any mode whatever, unless on the removal of the bitten part, either by excision, or, if that be inadmissible, by means of the actual or potential cautery; after which, cupping, ablution, and other auxiliary means may be resorted to with propriety, as affording additional security. We are far, however, from condemning, in every case, the employment of cupping, and other practices, even in the first instance; for as it may sometimes happen, that the injured part is unfavourable for extirpation, or that the patient will not submit to the operation, in such cases, circumstances must decide the preference of the practitioner; but wherever excision can be accomplished, it ought unquestionably to be adopted, as the most certain means of preventing the occurrence of this dreadful malady.

Since writing the above, we have read the few desultory remarks on Mr. Hume's paper, in the last number of your Journal. Although coinciding in opinion with Mr. Lowe, respecting the inefficiency of cupping as a preventive of hydrophobia, and partaking in some measure of his fears, as to the effect which may be produced on the mind of the young and inexperienced practitioner, by the unqualified recommendation of a practice not wholly to be relied on, we yet conceive it but justice to remark, that in these strictures, the writer appears either to have misunderstood Mr. Hume's meaning, or to have taken an undue advantage of the inaccuracy of his phraseology, in supposing that he intended to recommend cupping as a cure after the accession of the hydrophobic symptoms, since it must, we think, appear sufficiently evident, from the whole scope of the paper in question, that he regards it merely as a prophylactic measure.

In justly reprehending the unqualified praise bestowed by Mr. Hume on the employment of cupping, Mr. Lowe himself seems to have fallen into somewhat a similar error. That caustics, when extensively and properly applied, as well as the excision of the injured part, will prevent the occurrence of the disease, cannot be doubted; but this is saying nothing more than that if the virus be destroyed the infection will not take place. As, however, in the history of this disease, caustics have been known to fail in the hands of the most expert surgeons, so it is always dangerous, in a dreadful malady like that under consideration, exclusively to direct the attention of practitioners to any one prophylactic mean, when every auxiliary in our power should be resorted to, in the smallest degree calculated to afford additional safety to the unfortunate patient. The solitary case related by Mr. Lowe, in support of the security afforded by the application of caustics against hydrophobia, furnishes no decisive testimony in favour of that practice; for even admitting that, in this case, the madness of the dog had been unequivocally ascertained, it does not follow as a certain consequence that hydrophobia would have occurred, had no caustic been applied, since it is well known, that, on an average, not above one patient in twenty, or even upwards, injured by an animal actually rabid, become affected by the disease.

H. *Roxburgensis.*

November 12, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN my last Communication I transmitted some Remarks on a Memoir in the Medical and Chirurgical Review for January; I now beg leave to add some Observations on the remaining part of that article.

We are told, that a case entered on the minutes of Nov. 20, 1804, at the Vaccine Pock Institution, seems worthy of being recorded, as an instance of the various *non-descript* eruptions which occasionally occur during vaccination. After this pompous introduction, which prepares us to expect something extraordinary, who would imagine that this was nothing but a miliary eruption? This eruption is a very common attendant of every febrile disease; it has been *described over and over again;* and is of very little consequence, unless it falls under the observation of an ignorant practitioner, and is mistaken for the small-pox.

The next article in the Memoir, is one relative to the Harrow cases. These, which have caused another false alarm, are nearly akin to those that occurred at Woolwich; and are the natural offspring of the original false alarm at Portsmouth.

By Mr. Bowen's letter to the Committee of the Vaccine Pock Institution, it appears that he vaccinated his child four years and a half ago, when six weeks old; and was satisfied with the result. In order to strengthen the good opinion he entertained of the practice, and to convince Mrs. Bowen of its infallibility, he had inoculated the child every year since with variolous matter; but without the least effect. The last of these trials took place about twelve months ago.

From these repeated proofs, he fully depended on the efficacy of vaccination; but in October last, having a patient in the small pox, he was induced to inoculate the child once more with variolous matter; and, to his great surprize, a pustule formed on the arm, attended with head-ach, lassitude, fœtid breath, and a pulse upwards of 150. These symptoms were followed by twenty or thirty eruptions; the greater part of which died away in four or five days. Hence it appears they were miliary eruptions: But there was a pustule on the fore-arm, which proved to be variolous; for, with matter thence obtained, Mr. Bowen

 inoculated

inoculated another patient, and produced more than a thousand pustules. Many others were inoculated from this patient, with a similar event; and there is no room to doubt that the disease was the small-pox.

Mr. Bowen had taken the cow-pock matter for his infant from a child of the Rev. Mr. Evans, of Harrow; and, being alarmed by the foregoing result of variolous inoculation in his own child, he mentioned the circumstance to Mrs. Evans, who desired him to put her two children to the same test. These, we are told, seemed to have the symptoms of the small-pox in the same manner with Mr. Bowen's little girl; but in one of them they were more strongly marked than in the other.

There was an eruption, which died away in a few days, leaving only a pustule on the arm, which formed itself fully, and was attended with great inflammation. From this local pustule Mr. Bowen inoculated, and again produced the small-pox.

To this account of the two last cases, a letter from the Rev. Mr. Evans, the father of the children, is subjoined; by which it appears, that in one of them, whose case is particularly described, there was a perfect local variolous pustule, from which matter was taken; and that two children inoculated with it had the small-pox. Two lancets were charged with matter from Mr. Evans's child by gentlemen who went from London. The result of their experiments Mr. Evans had not heard.

It is a melancholy reflection, that when the cow-pock has been publicly known more than six years, the inoculated small-pox more than eighty, and the natural small-pox more than a thousand, many important points relative to those disorders are but little understood by the public in general, nor even by the majority of the medical profession. In the present instances, neither Mr. Bowen, nor the parents of the children knew, that a person who has undergone either the small-pox or the cow-pox is capable of having a local variolous pustule in consequence of inoculation; that this pustule may be accompanied with a rash, or a miliary eruption, or even with constitutional indisposition; and that it is capable of yielding variolous matter fit for inoculation.

The falsehoods and exaggerations that derive their origin from this source, when experiments of the foregoing kind are made, are almost incredible. Even when variolous inoculation totally fails, and the vaccine patient resists

sists the infection of the small-pox, the very experiment gives rise to a variety of false reports.

Several questions were proposed to Mr. Bowen by the Committee of the Vaccine Pock Institution, that have no great tendency to elucidate the point in question; which is, whether the children had the general, or only the local small-pox.

One was, whether the scab left a scar? From this it would seem natural to infer, that if it left a scar, the disease was complete. Another was, whether the child was constitutionally disordered during the *illness*? If there was no constitutional disorder, it cannot well be said there was any illness.

Another question was, "What are the proofs of the child having had the small-pox? In particular, was any child inoculated from him? Here no distinction is made between the inoculation of another subject from the primary or from a secondary pustule; and the answer being given in the affirmative, it was natural for the parents, and even for Mr. Bowen to conclude, that, in the opinion of the Committee of the Vaccine Pock Institution, the child from whom the matter was taken, had the small-pox after the cow-pock. The circumstance of two gentlemen from London taking matter from the pustule on the arm, was sufficient to strengthen that opinion, and to confirm them in their error.

But the principal argument in favor of the opinion entertained by Mr. Bowen and the inhabitants of Harrow, is deduced from the case of Mr. Bowen's child, in whom a secondary pustule appeared. This argument, however, is of but little weight, when we consider how easily this pustule also may have been excited, either by the insertion or contact of variolous matter.

This is a more probable occurrence than some people may suppose; especially in those who are put to the test of a second inoculation; for in such cases there is frequently a considerable degree of itching, which takes place at an early period, and provokes the patient to scratch the arm. Hence a secondary pustule is a common occurrence, occasioned by a secondary inoculation with the nail.

I am far from denying the possibility of a pustulous eruption of the variolous kind, in those who have already had the small-pox or the cow-pox; but it is not a common event. When it happens after variolous inoculation, a number of pustules break out round the primary pustule,

 and

and form a cluster, which becomes more or less confluent; whereas in Mr. Bowen's child, there was only one solitary pustule on the fore-arm.

It has been very properly remarked, that ere vaccination is condemned, experiments ought to be made before witnesses; and not in a corner. I cannot help thinking also, that they ought to be made before impartial and *disinterested* witnessess, which medical practitioners can never be. I am far from concluding, that Mr. Bowen was influenced in his decision by any personal consideration; but at the same time it is only justice to mention, that in consequence of this alarm, he has considerably extended his practice, and inoculated nearly two hundred persons with the small-pox; spreading that dreadful disease from Harrow to the metropolis.

Could it be proved, that variolous inoculation will now and then produce a secondary variolous pustule in those who have undergone vaccination, it is of very little consequence, when we consider that the operation is optional, and no longer necessary to be performed.

The next article in the Memoir is the following, communicated by Mr. Freake, from his notes, taken at the time when the cases occurred.

On July the 8th, 1804, he was sent for to attend a child of Mr. Waters, milkman, of Kentish Town, who was dangerously ill of convulsions, of which it died. It had been attacked three days before with the symptoms that usually precede the small-pox. On the 18th of the same month, another child sickened with the small-pox of the confluent kind; from which it recovered with difficulty. On the 3d of August, a third child of the same family sickened with the small-pox, which proved distinct, and terminated favourably.

These three children had been inoculated by Mr. Wetherall, of Highgate, about eighteen months before; who, on inquiry, declared they were inoculated with variolous matter; that they all had the eruptive fever, and a fair shew of pustules.

What will our alarmists say to this? Possibly they may tells us, these children were inoculated with the chicken-pox matter. Admitting this to be the case, it is no argument in favour of variolous inoculation, which gives rise to a much greater number of mistakes, and a much greater number of failures than the inoculation of the cow-pock. The next article is a communication from Dr. Bremer of Berlin, who gives an account of a hundred thousand cases of

of vaccination, which have come more or less under his cognizance, without a single instance of subsequent small-pox. Dr. Bremer has made some experiments with equine matter, sent to him from Vienna and Milan; and produced a disease resembling the genuine cow-pock to the fourth generation; nevertheless, it seems, he will not confide in it, nor admit the theory which has been offered on the subject. This shews, that prejudice and obstinacy are not entirely confined to the enemies of vaccination.

With respect to Dr. De Carro's letter, an extract of which follows in the same Memoir, I agree with that gentleman, that if the experiments of Drs. Loy, Sacco, and La Font, have not convinced certain sceptics of the origin of the cow-pock, nothing can. Dr. De Carro remarks, as I long ago observed in my Treatise on the Cow-pox, that the proofs in favour of Dr. Jenner's opinion are positive, the proofs to the contrary are negative. Dr. De Carro thinks his correspondent too good a logician not to perceive the difference between such arguments; but we must once more recollect, that there are none so blind as those who will not see.

Experiments made by Dr. Loy and Dr. Sacco in public, in the presence of proper judges and respectable witnesses, cannot fail to convert every candid and unprejudiced opponent. Nevertheless, even in the last number of the Critical Review we meet with one writer, who affects to doubt, or rather to disbelieve this opinion; but, whoever he may be, he can have very little claim to the character of a logician.

That writer enters into a controversy with Dr. Squirrel, respecting the comparative merits of physicians and apothecaries in inoculation. It should, however, be recollected, that there is a third description of medical men, who have a considerable share in inoculation, and to whom it is not a little indebted. It may, perhaps, be difficult to name one considerable improvement in this branch of practice, introduced by any practitioner who was not educated a surgeon.

By this observation, no disrespect is intended to be shewn towards those gentlemen who are educated as physicians. On the contrary, it is with me a subject of deep regret, that men of their talents do not more generally condescend to cultivate the practice.

The next passage in Dr. De Carro's letter is curious and interesting. He says, an English gentleman, Mr. Hamilton, who was Secretary to Lord Elgin, told me, that in reading

reading M. Auban's report of the cow-pock found in two villages near Constantinople, he had been much struck by the circumstance, either unknown to M. Auban, or not mentioned by him, that these two villages are precisely the place, where seven or eight hundred horses, from the stables of the Grand Seignor, are sent out to graze every year. Is it not very likely, that it is the grease of these horses, which has rendered the cow-pock endemic in those villages?

Dr. De Carro disapproves of a violent style in literary discussions; and perhaps, there is no style more objectionable, except the style of adulation. From the number of answers which have appeared, he thinks Mr. Goldson's pamphlet has caused much mischief in England. It is, however, the decided opinion of most people, and particularly of our most eminent Reviewers, that in consequence of the answers he has called forth, there are few men in England to whom vaccination is more indebted than Mr. Goldson.

Dr. De Carro observes, that matter procured by triturating and dissolving the vaccine crust generally proves successful, particularly in the practice of Dr. Valentin, of Nancy. I have lately received from that learned and enlightened physician and philanthropist, who is now removed to Marseilles on account of his health, two letters; in one of which he informs me, that he had successfully vaccinated in this manner twenty-four persons; among the rest an infant seventeen hours after its birth, whose health did not appear to be in the least affected thereby. In this case the crust was seventy-two days old, in others eighty-three days; yet the vesicle which ensued was as perfect, as if it had been produced by fluid matter taken immediately from the arm.

In the other letter he desires me to acquaint Dr. Jenner, that a considerable number of inoculators, in Paris and the provinces of France, have vaccinated children affected with herpetic eruptions, the scald head, crusta lactea, and other cutaneous diseases, without observing the degeneration of the vaccine vesicles of which Dr. Jenner speaks; that the cow-pock matter taken from those vesicles produced the cow-pock in other subjects; and that both descriptions of patients were preserved from the small-pox. These experiments were repeated, particularly in the hospitals at Paris, in hundreds of individuals; and always with the same result. Hence they conclude, that there must

must be some extraordinary peculiarities, unknown to them, in the subjects of whom Dr. Jenner speaks.

This is a very valuable testimonial in favour of vaccination, since it proves that it is much less fallacious than might have been apprehended from the experience of Dr. Jenner in Gloucestershire. I have vaccinated numbers of children labouring under such disorders; and have seldom been frustrated in my endeavours to excite the genuine disease.

I therefore congratulate Dr. Jenner and the public on this occasion. Mr. Goldson congratulates himself on having given rise to Dr. Jenner's paper in the Journal. It will be seen, upon examination, that the subject is not altogether new; but Dr. Jenner has here enlarged upon it. Whatever may be its value or importance, it reflects very little honour on Mr. Goldson; for if it was occasioned by his pamphlet, it is only an instance of good springing out of evil.

This is not the first instance on record in the annals of vaccination, nor will it be the last. One has just occurred at Clapham, where, from well-known causes, the practice has not hitherto been very popular. I was lately informed that the small-pox raged in the village, where it was introduced by one of the inhabitants, who had been inoculated at the Small-pox Hospital, and that several persons had fallen victims to the disorder. I therefore wrote to Mr. Gardner, a very respectable surgeon of that place, who, at my request, had undertaken to vaccinate gratuitously under the sanction of the Royal Jennerian Society, desiring to know whether the report was true, and what success he had met with in vaccination.

His reply was, that from all he could learn, the child by whom the small-pox was introduced into Clapham had been inoculated at the Small-pox Hospital; and many others had been inoculated at the same place. The number whom Mr. Gardner had vaccinated gratuitously was but small; owing to a particular shyness in the people of that neighbourhood to submit to vaccination; but the fatality that had just happened there from the small-pox had alarmed them; and they were then beginning to come forward. Mr. Gardner likewise informed me, that all those vaccinated by him have gone on extremely well; and that I might depend on his exertions.

He was faithful to his promise; and I have great reason to congratulate him and myself on his success; for I received another letter from him five days afterwards, with the

the happy intelligence, that since writing before, he had vaccinated about fifty poor people. Many, however, still declined his offer, because they can so easily be inoculated at the Hospital with what they call the real small-pox. Several other patients from Clapham had within a few days imported fresh cargoes of variolous infection from the same quarter; and those who were previously inoculated there, still laboured under the disease.

Happily, the quarantine laws are now under revision; and it is hoped that a power will be vested in government, if no power is already vested, to subject persons who carry variolous infection about them to those laws. It is also necessary to prohibit the inoculation of that disease, which is now the greatest obstacle to vaccination. Another desirable object is, to settle upon every Inoculator of the Small-pox, and every person connected with institutions for that purpose, a pension for life, equal to the professional emolument he may now receive. This would, perhaps, enable gentlemen to see reasons for discontinuing the inoculation of the small-pox.

The next article in the Review is a Resolution entered into by several gentlemen of the Faculty at Plymouth, "*not to inoculate for the small-pox, excepting after the inoculation for the cow-pox, and that only in peculiar circumstances, where an experiment may be required to satisfy doubting parents.*"

This is precisely what I have long professed, and the opinion I published, which drew on me so much censure and insult. But when I recollect the quarters from which it came, and the modes in which articles, written by an envious opponent, find their way into a Review, I can look on such attacks with proper contempt.

Having shewn that the test of variolous inoculation was not void of danger, and therefore not to be employed wantonly, a writer in the Monthly Review maintains that, according to this doctrine, we are not justifiable in putting children to this test, even at the desire of their parents.

Stulti, dum vitant vitia, in contraria currunt.

Of evils, we are to choose the least; and it is certainly a much smaller evil to vaccinate and variolate every human being, than trust them to the small-pox even under inoculation: But the writer alluded to is guilty of a gross and palpable perversion of truth, when he asserts that there is no danger in the experiment. When I consider such experiments disgraceful, it is because I consider them

unnecessary.

unnecessary. It was unnecessary to be alarmed by such cases as Mr. Goldson's; and if any persons were alarmed by them, it was owing to their ignorance of the subject. If they were not alarmed, such experiments could not have been instituted by them with any other view but that of ostentation, and rendering themselves conspicuous.— Medical practitioners always increase a panic when they appear to feel it themselves.

The Reviewer says, I assign no other reason for calling the practice disgraceful, than that I deem it unnecessary; yet in the next page he admits, I have brought evidence of its having proved fatal. This, he says, happened forty years ago; and not since the introduction of the cow-pox. A case, however, has lately happened in the family of Dr. Stewart, of Plymouth, which occasioned a serious alarm; and, together with other circumstances, induced the gentlemen of Plymouth to adopt my opinion.

The Reviewer (as well as the Reviewer in your own Journal) is inaccurate in considering such occurrences rare; I have mentioned several in my Treatise on the Cow-pox, and in my Answer to Mr. Goldson; and Buchan, in his Treatise on the Small-pox, has also the following case.

"I have known a nurse, who had had the small-pox before, so infected by lying constantly a bed with a child in a bad kind of small-pox, that she had not only a great number of pustules, which broke out all over her body, but afterwards a malignant fever, which terminated in a great number of imposthumes or boils, and from which she narrowly escaped with her life. I mention this to put others upon their guard against the danger of this virulent infection."

The writer in the Monthly Review afterwards affirms, that I allow the insertion of variolous matter to be a more complete test than exposure to the natural infection. This is another misrepresentation. The reason why I call the evidence there adduced still more convincing is, that some of the cases were of longer standing when the test was employed; not that the test of inoculation is more decisive than that of the natural infection. On the contrary, Mr. Goldson and others contend, that inoculation with variolous matter is not the strongest test. He should, however, have recollected, that the vaccine patients put to that test at the Small-pox Hospital, were exposed to the full infection of the small-pox, in the way of effluvia at the same time; and even shook hands with those who laboured under

der the disease. This has also been done in every part of the metropolis with impunity.

The Reviewer accuses me of unequivocally condemning a farther examination of the preventive powers of the cow-pock. This is a false accusation, and must be known to be such, to all who have read my pamphlet with proper attention. I encouraged the test of inoculation with variolous matter till the public had confidence in the practice; I still encouraged the test of exposure to natural infection; which I considered more safe to the patient, and equally satisfactory to others. It is probable, no practitioner has so strenuously recommended this test, and few have had so many patients to whom they could recommend it. A writer in one Review, who also espouses the part of Mr. Goldson, gravely asserts, that if Mr. Dunning had declined putting his patients to the test of variolation it might have been excuseable, because he had so often put them to the test of the natural infection; for me, who had much oftener put my patients to the same test, no excuse was to be admitted.

Such reflections from such quarters I can easily bear, while I have the consolation to find, that some of those who were foremost in submitting their vaccine patients to the touchstone of variolous inoculation are now sensible of their error; and come forward to caution others against the same hazardous attempt.

The next article in the Medical and Chirurgical Review contains some opinions that are well-founded, and may be considered as genuine; others that are ill-founded, and may be considered as spurious. Among the first we may reckon the opinion, that a second, or if necessary, a third inoculation of the cow-pock, is a good counter-proof; among the second we may reckon the opinion, that the cow-pock cannot occur a second time.

In the next article we are informed, Mr. Goldson has ascertained by experiment, that the cow-pock produced by inoculation in the hand is blue; this is what I told that gentleman long ago. It seems, however, still necessary to tell him, that a blue cow-pock yields the same matter as a cow-pock of any other colour. The quality of the matter is no more altered from its being contained in a blue pustule, than the quality of wine from its being contained in a blue decanter.

An article has at length found its way into the aforesaid Review, that was formerly inserted in this, and in the Medical Review. It is said to come from Prof. Nessi, of

Pavia.

Pavia. It asserts the antiquity of the cow-pock, on the authority of Marias, first bishop of Lausanne. I long ago pointed out this error; and remarked, that the disease alluded to is the murrain. This error has also crept into the Bibliotheque Britannique.

While the failures, or apparent failures, of vaccine inoculation are resounded on every side, it would be a dereliction of duty not to enumerate some of the failures, or apparent failures, of variolous inoculation. I shall therefore occasionally make an addition to the catalogue I have already commenced.

1. Mr. Wood, of the Swan, in Portland Street, was nursed for the small-pox when a child. He has lately had the disorder in rather a severe degree.

2. In my last I mentioned the case of Mrs. Smith of Kensington. Another young woman was inoculated with her, from the same subject; and was supposed to have the disease in a regular manner. Two years after, she went to see her sister, who was recovering from the small pox; and, conceiving there was no danger, slept in the sheets which had been used by her sister; in consequence of which she caught the small-pox and died.

3. Mr. Geary, No. 7, Dean Street, Soho, was inoculated for the small-pox when seven years old, and apparently had the disorder, attended with great constitutional indisposition. He had had the chicken-pox in his infancy, otherwise this affection might have been supposed to be mistaken for the small-pox. When ten years old, he caught the small-pox, and had a very heavy burden, leaving considerable marks behind.

4. The case of Mr. Langford, related in vol. 4, of the Memoirs of the Medical Society, has been doubted by some people; but no case on record, of any description, is better authenticated. I know different persons who are well acquainted with the fact. Mrs. Cook, of Kemp's Court, Berwick Street, knew him well, and declares that he was much pitted by the first attack of the distemper; of the second he died.

5. Mr. O'Keeffe's child, No. 58, Lower Sloane Street, was inoculated for the small-pox. A pustule rose, and the medical practitioner who inoculated her declared her to be safe. Two years after, she had the disease in the natural way very severely.

6. The father of Mrs. Barlowe, No. 44, in the same street, was attended for the small-pox when young. He afterwards caught it from his children, had a heavy load, and lost an eye by the disorder.

7. A child of a gentleman at No. 40, in the same street, after being inoculated for the small-pox, and declared safe, also had the disease.

8. A relation of an eminent physician, who was inoculated by the late Dr. Glass, of Exeter, and declared safe, afterwards had the same disease in the natural way.

9. A son of Mr. Giles, No. 6, Water-lane, Blackfriars, was inoculated for the small-pox. His arm rose, and an eruption took place, with which the medical practitioner and the parents were satisfied. Four years after this, he died of the small-pox.

10. Mr. Chamberlaine, surgeon, of Clerkenwell, was attended in a disease which was declared to be the small-pox by two eminent physicians; he since had that affection in a most unquestionable manner.

11. A similar instance occurred in an aunt of Mr. Hurlock, surgeon, of St. Paul's Church-yard. The first and second attack were such, as to leave no room for doubt that she really had the small-pox twice.

12. A child of Mr. Britain, in Little Portland-street, was inoculated for the small-pox by a respectable practitioner, and considered safe; but has since had the disease.

13. The case related in the Medical Journal for May, 1801, by Mr. Purton, of Alcester, is incontrovertible.

14 Another case is there alluded to, which Mr. Purton says was well authenticated, and sufficient to stagger the firmest sceptic.

15. Mrs. Chamberlaine, No. 14, Maiden-lane, Wood-street, had the confluent small-pox when a year old; but whilst nursing one of her children, she sickened, and had about twenty pustules. Her constitutional indisposition was so considerable, that she afterwards went through a course of physic. She since nursed another of her children in the small-pox, and a similar eruption, together with similar constitutional symptoms, occurred; on which account she submitted to another course of physic.

16. One of her daughters, when a year old, slept in the same room with another child who died of the small-pox. She sickened, and had an eruption, which the medical gentleman attending her supposed to be the same disorder. A year after she caught the disorder, and had a heavy burden.

These cases will suffice for the present; others shall appear in due time, if occasion should require. They are the best answer to those who look for infallibility in any practitioner, or any practice.

I am

I am now favoured with a very valuable and interesting work, entitled, A Report on the Progress of Vaccine Inoculation in Bengal; by John Shoolbred, Superintendant-General of Vaccine Inoculation. This work was printed at Calcutta; and has been reprinted in London.

The following is an Extract from the proceedings of the Governor General in Council, dated May 3, 1804.

" Ordered, That the Report on the Progress of Vaccination in Bengal, and in the provinces subject to the immediate authority of this Government, from the period of its introduction in 1802, to the end of the year 1803, submitted to the Medical Board at Fort William, by Mr. J. Shoolbred, Superintendant-General of Vaccine Inoculation, be published for general information, at the expence of the Hon. Company; and that Mr. Shoolbred be desired to superintend the publication.

" The Governor General entertains a just sense of the zeal, diligence, and ability manifested by Mr. Shoolbred, in the discharge of the important duty committed to him, as Superintendant-General of Vaccination. The Report submitted to Government by Mr. Shoolbred, affords abundant evidence of the difficulties opposed to the preservation and extension of the benefits of Dr. Jenner's discovery in this country; as well as of the indefatigable assiduity and public spirit, with which every obstacle to the success of the orders of Government has been encountered and surmounted by Mr. Shoolbred, and by his predecessor, Mr. William Russell.

" The support and assistance which Mr. Shoolbred has received from the medical profession, and from others residing as well at Calcutta as in the distant provinces, are highly creditable to the gentlemen whose exertions are noticed in Mr. Shoolbred's Report; and the success with which those laudable and disinterested exertions have already been attended, affords a reasonable ground of expectation, that the invaluable benefits of Dr. Jenner's discovery will be preserved in perpetuity in these extensive and populous provinces; and that they will in time be disseminated through every part of Asia."

[To be continued.]

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AMONG the publications devoted to the advancement of science or professional practice, there is, perhaps, none in which that end has been so successfully pursued, as the MEDICAL and PHYSICAL JOURNAL. It has been the first to propagate every remarkable invention or discovery lately added to surgery or medicine; it has become a centre of professional correspondence for the whole medical World. Through the medium of this Work, you have deservedly gained an authority that renders your approbation, to a man of scientific or professional ambition, highly desirable—your express or implied censure, what every practitioner in medicine would most anxiously strive to escape

Without moderation, delicacy, and prudence, you could not, Gentlemen, have raised your publication to such eminence; nor have acquired so very extensively the confidence of your brethren in the same profession. It is a task of no common delicacy to please, for so long a period, such a number of correspondents and readers; to watch so effectually against being made the instruments of the interested views, the prejudices, the mutual jealousies, which naturally arise among such an host of professional men; to maintain that elevated propriety of conduct as Editors, which can alone give general satisfaction, without any sacrifice of impartiality, truth, or steadiness, in the prosecution of the proper objects of an undertaking such as yours.

And yet, Gentlemen, you must pardon me the observation, that even your vigilance and candour have not been in every instance exempted from the accustomed fate of all human excellence. Your desire to vindicate the dignity of medical practice; or reluctance, perhaps, to exclude *even unsuitable communications* from a Correspondent, who, for aught I know, may be in other respects highly respectable; has betrayed you to admit into some late Numbers of your Work, a series of LETTERS "*On* QUACKS *and* EMPIRICISM," which I should hope, that few arguments can *now* be necessary to prove to you, to have been MUCH TOO INCONSIDERATELY HAZARDED. Be not offended with the frankness of this remark: it is not offered to insult either your judgment or your honour. *Aliquando bonus*

bonus dormitat Homerus. You stand greatly above the want of my *praise:* and you are much too liberal in your sentiments, not to forgive a little friendly censure hinted to you with deference and respect.

In his fifth letter, your Correspondent pretends to give the history of Dr. William Brodum. In honour, in candour, you will not deny me the indulgence of calling your attention to the injustice and inconsistency of what he has made the Medical and Physical Journal, a channel to communicate respecting this well-known practitioner in Medicine.

If I mistake not your Correspondent's aim, he wishes to brand Dr. Brodum as a Quack and Empiric, by representing his Birth, his Education, his Religion, his favourite Medicines and Professional Practice; but especially the arts of advertisements and popularity, by which he has risen to wealth and reputation, as all conspiring to render it impossible that he should prescribe with success or safety.

I. The first thing which astonishes me, in considering this attack on a living practitioner in medicine, is, that so many opprobrious assertions should be offered, without the declaration of the name of him who makes them; without exact reference to the authority of any other credible witness; in fact, without one grain of evidence, but what is to be found in the *ipse dixit* of an anonymous writer, who is plainly too warm with passion, too frequent in self-contradictions, too careless in his references even to printed authorities, to leave it possible for candour to receive, upon his testimony, one proposition, however trivial, that he does not demonstrate by incontrovertible extrinsic proofs.

II. Dr. Brodum's Birth and Religion are among the first subjects on which turns your Correspondent's reproach. "The doctor was the son of Jewish parents, was born on the Continent, has become a convert to the Christian faith."—He *was* born a Jew! and is it so dishonourable to be of the same national descent, which was preferred by the Son of God, when he revealed himself on earth for the salvation of mankind? Is it not to the *immediate communication* of men, who were all by nation Jews, that we owe the Holy Scriptures, the fundamental code of all divine and human wisdom? Who but Jews were the most eminent physicians, chemists, surgeons, and apothecaries, in the earliest ages of the practice of these several professions in modern Europe? Even the nobility of England and Ireland, the highest in the world, derive honour from the

the families of Jewish descent and alliance which might be named among them. Among those eminent gentlemen, bankers, and merchants, whose presence constitutes the pride and prosperity of the city of London, how very considerable a proportion are Jews? Even your Correspondent himself has not failed to mention with due honour, the names of a Goldsmid, a Solomon, a Sequeira, a Myers, an Eliaçon! Surely, gentlemen, when the prejudices of rank, religion, national diversity, trade and profession, have been generally exploded, which, to the common mischief of humanity, so long divided man from man, and inflamed the heart of one son of Adam against another; it is not for you, or your friends, to maintain, that "*Dr.* BRODUM *cannot be a skilful and liberal physician, merely because he was born a* JEW.

But, still worse! "*Dr.* BRODUM *was born in Copenhagen!*" The assertion is given on no authority; and it is utterly false! Yet, what, if he had been born in Copenhagen? Is this also a reproach? Is this another of your Correspondent's reasons, why it is impossible that Dr. BRODUM can be a skilful physician? And was it impossible for this Novelist of Medical Biography to wreak his spleen without insulting the natives of a country, to which so large a proportion of the old gentry and yeomanry of England trace back their ancestors? A country that, of any other in Europe, has certainly furnished its full complement of men, eminent not only in medicine, but in every branch of erudition, science, and arts!

Above all, your Correspondent is indignant against Dr. Brodum, *because he has become a convert to the Christian faith*. What! because the Doctor was born of Jewish parents, he is not to be allowed to practise medicine reputably! Because, like Luke, the evangelist and physician, he has examined and embraced Christianity, he cannot be a good physician! What would this calumniator have? "Brodum mustbe neither a Jew nor a Christian." Yes, it is too plainly against the success, against the very existence of Dr. Brodum, that this fierce and inconsistent *bellum ad internecionem* is waged. He must not be either Jew or Christian, because he has been fortunate in the practice of medicine, and in the sale of some popular remedies!

" But he obtained the degree of Doctor in Medicine by DISINGENUOUS PRETENCES; and obtained it from the University of Aberdeen; an University that deals out its medical honours without having due regard to the talents and merits of the candidates."

Both

Both these assertions, Gentlemen, appear from the very tenor of your Correspondent's own narrative, not to be true. Your Correspondent himself says, that Dr. Brodum's "*genius and perseverance surmounted every obstacle*" that stood in the way of his promotion to the highest medical honours. But, it is essential to the very existence of TRUE GENIUS to be incapable of descending to little dishonest arts. He allows, that Dr. Leo recommended Dr. Brodum to those attentions of science, friendship, and professional honour, to which he owed his degree as Doctor in Medicine. Dr. Leo's discernment or integrity he has not dared to impeach; and we have no reason to think that he would have spared a gentleman who was so much the friend of Dr. Brodum, had not that gentleman's character and abilities been altogether blameless and unassailable. But, if Dr. Leo was neither so weak-minded as to be himself imposed upon; nor so false and deceitful, as knowingly to impose upon others: it must of necessity follow, that there was no imposture, no disingenuous pretence, no art of which a man of honour can have reason to be ashamed, in the steps which were taken to procure for Dr. Brodum those medical honours which your Correspondent envies him. But it was not Dr. Leo alone who must either *have imposed*, or *have been imposed upon*, if Dr. Brodum was undeservedly recommended to the University of Aberdeen. Brodum's talents, his knowledge, his profestional experience, his authenticated certificates of character, were examined by *another* physician, one of the best and most discerning men, and one of the most eminent physicians in this or any country,—examined by him,—and approved.

Yet a *third time*, his claims to the honour of graduation were to be examined, and by a body of the most upright, ingenuous, and judicious men, of whom science and learning have ever, in any country, had to boast,—by the members of the University of Aberdeen. Thus Brodum's claims had to pass, successively, through three different ordeals. Thrice were they investigated by persons, not in conspiracy to support them, not interested to allow them at all hazards,—notoriously incapable of being easily deceived themselves, and infinitely above the suspicion of becoming parties to any deceit that should impose upon others. How dares your Correspondent to throw out, in such a case, the aspersion of imposture? Knows he any thing at all of the laws of Evidence, or the possibilities of human conduct? Surely, if he does;

 he

he must be ashamed to have ever advanced any thing insinuating, that there was *imposture* in the manner in which Dr. Brodum obtained his degree.

I cannot pass from this part of my observations without observing in Dr. Brodum's favour, that, by your Correspondent's own acknowledgment, his right to the honour of Doctor in Medicine, came, even a fourth time, under investigation, when he began to recommend his famous patent medicine by frequent advertisements in the newspapers. The delicacy of some of the members of the University of Aberdeen took a momentary offence at this; they were induced anew, to inquire whether they had not been imposed upon when they honoured the Doctor with his degree. There was a disposition to find out something against the Doctor. The University inquired of themselves; they wrote to request that the physicians who had recommended Brodum to their notice, would renew their inquiries. All this was done; and the result only satisfied the University, that they had done well at first; and that Brodum could do them nothing but honour in wearing the dignity with which they had invested him. How can your Correspondent be so absurdly outrageous, as to question Brodum's title to honours which he has not obtained and preserved without as regular and as impartial an examination of his right to them, as ever any medical man was subjected to?

III. The next charge which this writer has introduced into the Medical and Physical Journal, relates to the medicines which Dr. Brodum sold; to the arts by which he raised himself to notoriety and fame; to the destruction of lives, which the calumniator would insinuate that the doctor occasioned by his practice, after he had been so honoured by the University of Aberdeen. The Doctor's "*Nervous Cordial,*" and his "*Botanical Syrup,*" are described as useless nostrums; powerless to do good or harm; preparations from vegetable substances, long before known in medicine, and included among the formulary prescriptions of physicians. Yet, in a rhapsody about Judas Iscariot, and the Witch of Endor, and the Professors of Aberdeen, it is more than insinuated that Dr. Brodum has destroyed his patients by them. And that same Correspondent of yours, who says, that the *Botanical Syrup* is a preparation long famous among regular physicians, scruples not elsewhere to allege, that Dr. Brodum was guilty of fraudulent quackery in recommending it so boldly by public advertisement.

To

To these daring accusations, Gentlemen, I would, by your leave, answer,

1. That Dr. Brodum's "Nervous Cordial," and "Botanical Syrup," are most certainly nothing more than particular mixtures and combinations of ingredients of vegetable origin, which, both separately and in composition, have been, for centuries, among the most famous remedies in which the power of medicine has been confessed. They are invigorating and nourishing. They have been known, ever to act with the most salutary efficacy upon constitutions in a state of general relaxation and decay. They have never gone into discredit. The more that they have been analysed by chemistry; the more that they have been tried under different theories of medical opinion; so much the more has their fame increased. At present, when bark, wine, and so many saccharine and mucilaginous preparations are so much in use, these very calumniated remedies of Brodum's are more than ever allied to the best and most fashionable medical practice.

2. The "Nervous Cordial," and "Botanical Syrup," were never prescribed by Dr. Brodum, mysteriously or with a secrecy, as if he had been afraid of being detected in something wrong if it should have come to be known how he prepared them. He obtained his *Patent Right,* not till after the Law-Officers of the Crown had duly enquired into the innocence and usefulness of the preparations of which the property was so secured to him. His *specification* was duly enrolled; and left, for the satisfaction of the public, at the proper offices. If the preparations were not of Brodum's invention? why does no other person come forward, quote the specification, and demonstrate that it specifies nothing new? If those preparations were noxious; why did no humane and patriotic physician; why did not this zealous and passionate Correspondent of yours, stand forth, quote the specification, and shew, that the author deserved punishment as a poisoner; not honor and reward as an inventor,—one of those great men, *qui vitam excoluere per artes?*

3dly. If any have ever perished victims to the Doctor's inexperience, or to the pernicious quality of his medicines; why have there been no complaints? Were there none who left surviving friends or relations to resent their death, and warn others against confiding health and life to the man by whose guilt and ignorance those persons had fallen? How is it that the reputation of Dr. Brodum himself, and of his remedies, has gone on from year to

 year

year increasing? How is it that your Correspondent has not one unfortunate case out of the whole period of Dr. Brodum's practice, to produce against him?

4thly. The same things cannot be both noxious and uselessly harmless. In ascribing such contradictory qualities to Brodum's medicines, your Correspondent evinces that he is not more eager to accuse than destitute of all matter of accusation.

5thly. Dr. Brodum wrote prescriptions, and gave directions for care and regimen, at the same time that he sold his Patent-Medicines. He did not trust to the blind use of his remedies, without any distinction of cases and of circumstances. Let his prescriptions and directions be produced against him, if they were those merely of poisoning, assassinating quackery! Have none of them been preserved? Has the keenness of your Correspondent's malice been able to discover nothing of this sort that could have justified his accusations? Or, how can it be consistent with reason and justice, to blame that man as a quack, who gave advice and prescriptions together with his medicines; and whose advice and prescriptions no one can, by *specific* and direct facts, prove to have been ignorant or injudicious?

6thly. To seek professional notoriety by advertisements in the newspapers, is said by many of those who value themselves on the character of regular physicians, to be wrong. But, what are the occasions so industriously sought for nominal mention in the newspapers, the whispers against a neighbour's fame, and to one's own honour? what are these, and the innumerable other arts or means of artifice, in common use among active young physicians,—but so many less open, less ingenuously frank, and by consequence less honourable, and more discreditable ADVERTISEMENTS? The use of newspaper advertisements between those who want aid or accommodations, and those who can supply them, is not a shift of imposture, but a grand improvement in the facilities of trade and social intercourse. No knave can appeal to the public in advertisements with impunity. Societies, œconomical, scientific, and charitable; merchants throughout all the departments of trade, wholesale and retail; the government of every free country, in all its transactions of domestic management or foreign arrangement; men in every condition of life, and in every mode of professional employment; have considered it as perfectly honourable and convenient to seek

seek that public notoriety through the channel of the news papers.

We sometimes see at the Old Bailey, that a witness labouring to prevaricate and swear falsely, betrays himself unawares, by revealing some truth which destroys his whole system of perjuries; and such has been the fate of your Correspondent! He allows to Brodum, genius, shrewd sagacity, a love of fame, a taste for magnificence, a heart open to charity! And these are qualities which the Doctor undeniably possesses. But is it possible, that these qualities should co-exist in the same character with the foolish, the odious, the criminal ones, which your Correspondent, at the same time, imputes to him? Of such an union, there is certainly no recorded example, even from Adam down to Dr. Brodum. A few grains of common sense might have taught your Correspondent to preserve a more plausible congruity in his fictions. But this imperfection is just such another as that by which he runs into such unreasonable digressions; quotes books which never existed; ascribes the composition of Gil Blas to the Marquis D'Argens; and finds the geographical situation of a fountain of Arcadia, in America!

Dr. Brodum's late visit to those parts of the Continent, where he had lived in early life, affords still another topic of falsehood and reproach to your Correspondent. Nor can he display his malice here against Brodum, without going to disturb the ashes of the Empress-Queen of Germany, and of the late King of Prussia. This accuser blames the Doctor as having been guilty of an heinous crime in taking letters of credit to secure to him ample supplies of money, while he should be on his travels! Ridiculous! He would, no doubt, have been much better pleased, if Brodum had been obliged to go abroad to starve! But what was there contemptible? what was there dishonest? what was there ridiculous? in his taking in his pocket a letter of credit for fifty thousand rix-dollars? Was Dr. Brodum to blame, if Dr. F's letter of credit was for 100l. only? Dr. Brodum's tour was one of pleasure and of liberal and scientific enquiry, not at all one of ambition. Whereever he went, he met from the great and the learned, that flattering reception to which his manners, his figure, and his celebrity entitled him. His notice was courted by men of science in Russia. He lived on friendly terms with the most eminent physicians, and with noblemen of the first fashion, at Copenhagen. At Berlin, his conversation was acceptable in the highest circles. At Paris,

Paris, Bonaparte readily gave him audience; Fourcroy honoured his medicines with a sanction which has never been prostituted to any unworthy purpose; Chaptal gave him a flattering reception; and he found Berthollet partial to his, as to every other invention that came from England.

Allow me, now, Gentlemen, to conclude with mentioning a few *real* particulars of Dr. Brodum's life. He was born and received his early education near Heidelberg, in Germany. He was instructed in medicine and surgery at several Universities in the Dutch Provinces. He then served as a surgeon's mate and as a surgeon in the navy of Holland during the American war. He was present in the engagement off the Dogger-Bank. He went in the same service to the West Indies. In Surinam, he gained reputation and money by remarkable success in the cure of dysentery. He came afterwards, by the chance of service, into employment among his countrymen, the Hessian troops, who were in the British service in America. On his return to Europe, he went for a time to the Continent, there spent the savings of his service abroad, and then returned almost pennyless to England, and with little or no knowledge of the English language. In these unhappy circumstances, he was glad to become assistant to Mr. Lamert. After a few months, he left Mr. Lamert, and went to try his fortune, alone, at Portsmouth. Lamert recalled him to London, with offers of equal partnership. He soon aspired above the practice and reputation of his partner; obtained suitable recommendation from his masters in Holland; and upon those, and other satisfactory testimonies, the honour of graduation by the University of Aberdeen. He then procured the king's letters-patent, to secure to him the sole property of his *nervous cordial* and *vegetable syrup;* and courted fame and business by frequent advertisements in the news-papers. His medicines became known: the prescriptions with which he accompanied them were valued still more highly. Fame, fortune, and envious abuse have followed. Dr. Brodum having risen to opulence, amid splendid expence, has some time since sold his patent medicines, and his whole business as a medicine vender. Some time after he found himself rich and free, was given to a journey to those scenes which he delighted to remember on the Continent. But, he could not think to settle for the remainder of his life elsewhere than in England. He now resides in a very handsome house in Bernard Street, Brunswick-square, Bloomsbury. He lives in the social converse of his

his friends, among whom he numbers most men of professional or fashionable eminence in London; and in such practice of his profession, as his former celebrity still continues to force upon him, even while he would gladly shun it. The weakest, but the most malicious attack ever made upon him was in January last by your correspondent, whom I have taken the trouble to refute. Dr. Brodum only laughed, and cried, "Go! go! poor devil! sure there is room enough for thee and me both in the wide world." But his friends have insisted, that it is for the interest of truth and of charity, that calumnies so gross should be expressly refuted. It is for this purpose I address myself to your honour and candour, Gentlemen, and earnestly wish your immediate insertion of what I have here written. In this, you will exceedingly oblige,

Your's, &c.

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P. S. I have subscribed my name for your satisfaction, and that you may communicate it upon suitable private inquiry; but I should not wish it to be given to the public till the calumniator, whose abuse it refutes, shall openly come forward.

The following is a copy of a letter from Dr. Leo to the Editors. The original is in the hands of the publisher.

"Gentlemen,

"Reading in the Letter 'Of Quacks and Empiricism,' in No. 71, of the Medical and Physical Journal, signed Ietros, that *Dr. Leo was made the tool to carry on Dr. Brodum's impostures;* you will, I trust, do me the justice to contradict such assertion, when I assure you, that my exertion in favor of Dr. Brodum, arose from various letters of medical gentlemen on the Continent, whom I knew, particularly from Dr. D'Haen of Utrecht, Dr. Nierop of Amsterdam, and Dr Meyers of Surinam, at which latter place the Doctor had practised with success, strongly recommending the Doctor's professional skill and abilities to my notice, whose interest as a foreigner and a stranger, with such recommendations from my friends, I considered as no more than my duty to espouse without fee or reward.

"I am, &c.

"L. LEO, M.D.

"Physician to the Portuguese Hospital, &c. &c."

CRITICAL

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Some recent Cases of Small-Pox subsequent to Vaccination; to which are added, Experiments to ascertain the Effects of Vaccinating in the Hand, in imitation of the casual Disease; with Facts and Observations on the Effect of Eruptive Diseases in removing the Security derived from the Cow-Pox. By W. GOLDSON, Member of the Royal College of Surgeons, London. 8vo. pp. 134.

WHEN we consider the immense progress of vaccination, we shall be surprised that this should be the first serious opposition to one of the greatest novelties that medicine has ever encountered. If we compare it with inoculation, the opposition seems as nothing; if we add to this, the vast proportion of subjects that have been vaccinated, in comparison of those who were inoculated, we shall at once be disposed to respect the good sense of the public, and exalt our security from vaccination.

When inoculation was first introduced, though sanctioned by royal example and the opinion of the most esteemed practitioners, its progress was slow. This was not to be wondered at, because its success was much lessened by the erroneous method of treatment. When the Suttons added to the operation the treatment recommended by Sydenham, the encouragement of the public kept pace with their increased success. Still, however, there were instances in which inoculation, with all these advantages, failed, and few parents or practitioners consented to or undertook the operation without a certain degree of anxiety. The experience of a Dimsdale had also decided that the operation was less successful before a child had arrived at two years of age, till which time a mother could not part with the offspring of her womb without increased solicitude.

At length the genius and perseverance of a Jenner, by turning to a proper use what was before known, obviated all these difficulties, and the public received a boon, the value of which they instantly learned to appreciate. The success bore down all opposition, and the public mind seemed only divided, who should most promote the advantages of so laudable a discovery. In the midst of this security, whilst the friends of humanity were looking forward to the extinction of so dreadful a malady, a new alarm arose; the more serious, as it reduced every thing to uncertainty.

We cannot help lamenting, that the gentleman who first started these doubts was not treated with more delicacy. We are aware too, that it will be said, our Journal has been the vehicle of some

severe

severe suggestions. But we trust candour will impute this to our determined impartiality, as we have not been less ready in admitting whatever was offered on either side. And if we thought it our duty to admit the most free discussions from all our correspondents, we shall not be less careful in offering the most impartial review of the work before us.

The preliminary remarks show, that the author is somewhat sore from the treatment he has met; if it produces here and there a little asperity of language, however venial it may be, as we could wish such passages had been omitted, we shall avoid bringing them forward. A much more important remark arises from a quotation from Dr. Jenner's account of the progress of *equination*, viz. that such a process proved " a security from the small-pox for six years, but not for twenty years." We must add, however, that when the small-pox appeared in the last case, it wanted some of the characters of the genuine disease.

The author now begins with a detail of his former cases. As he admits the case of Mr. Grant's child was less prominent in its features than some of the others, we shall dismiss it without those remarks which he has thought proper to subjoin. Nor do we think it necessary to dwell on the report of the French physicians, which proves that vaccination was a security for more than a twelvemonth. Dr. Rollo's cases are next brought forward, with some remarks. These we shall also pass over. Then follow a string of cases communicated by Mr. Crockford, of Lewes in Sussex, from which we are not perfectly aware what inferences our author would draw. Five children in the same family were inoculated at the same time, having been vaccinated at different periods. In all, a local effect was produced; but in one, who stands on the earliest list for vaccination, no constitutional symptoms appeared. He is therefore in a similar predicament with the one whose vaccination is of the latest date. In short, the history of the five Fullers, if it proves any thing, would satisfy us that vaccination is a permanent security from small-pox. Most of the succeeding cases, if they took the small-pox at all, took it about a twelvemonth after vaccination; a circumstance which stands unconfirmed by universal experience, and which is contrary to what our author wishes to establish. However, as every part of the first pamphlet has been already perhaps over-canvassed, we shall forbear to make any other remarks than, that if our author shows a little ill temper in his remarks and quotations, it is not without some provocation. Dr. Rollo's cases are again introduced; and Mr. Goldson seems dissatisfied that the public should suspect so many were inoculated, when by far the greater part were only exposed to the effluvia. After this, we have the cases of the Vaccine Institution, at which equal dissatisfaction is expressed, that they were only inoculated, and not exposed. His reasoning on this subject is to us not perfectly intelligible, nor which way the possibility of receiving casual cow-pox more than once is connected with this part of the question.

The author now enters on some recent cases which have occurred at Portsmouth and other places. These are related with the same apparent accuracy and candour as in his former pamphlet. No. I. as he justly observes, was not varicella; neither, we may add, was it small-pox. From inoculation we sometimes have eruptions which do not maturate, but die away on the 5th day with a warty scurf on the apex; but such is never the case in casual small-pox, which was all the patient was subjected to. No. II. is liable to the same objection; in casual small-pox the eruptions never die away on the 5th day. We wish the case inoculated from this subject had been described more fully. However, we shall for the present admit that small-pox was produced by inoculating from an unsatisfactory case. No. III. is in all material points similar to the former. No. IV. is a communication from Mr. Dunning, of Plymouth, giving two similar cases to those above stated by the author of this paper. One was from casual exposure to, the other from inoculation of small-pox, two years and a half after vaccination. Mr. Dunning's inferences from the cases are highly favourable to vaccination. Mr. Goldson thinks differently. It is therefore with particular pleasure we see these gentlemen conduct their correspondence with urbanity on both sides.

No, V. and VI. Mr. Goldson now rests his strong arguments on the Fulwood's Rents cases: as these are admitted to be variolous by most of the friends of vaccination, and as all the particulars have been repeatedly before the public, we shall for the present dismiss them. For other reasons we shall pass over Mr. Goldson's remarks on the subject.

No. VII. of Capt. Simmons's daughter, who was inoculated with small-pox three years after vaccination. The effect was very well worth remarking: the arm, for the first four days, inflamed rapidly; after this, seemed to subside; but on the 8th day all the phenomena attending inoculation in the usual way occurred. No. VIII. is related so loosely, (and without the mentioning any authorities) that we cannot take any notice of it.

No. IX. and X. are two cases of Mr. Bowen, of Harrow. We wish these, like Mr. Dunning's, had been given in the words of the relator, as we have heard them stated differently from the account here given. This account is also extremely imperfect, admitting that it no way deviates from truth. No mention is made of the period between inoculation and the commencement of fever.

Having dismissed his cases, Mr. Goldson now enters into a very useful inquiry, in which we sincerely wish his antagonists had anticipated him. It consists principally of observations on what was called a hybrid disease in the early period of vaccination at the Small-pox Hospital. From these, it appears probable that the constitution may in some instances be subject to an eruption from small-pox after vaccination, and that this eruption shall be found to preserve its own form, which is not only milder, but in other respects different from genuine small-pox. We regret with the author

thor and Dr. Willan, that this inquiry was not pursued further at the hospital, but doubt not that Mr. Goldson's cases will bring the subject fully under discussion, Some remarks follow on chicken-pox, in which an attempt is made to distinguish it from small-pox. But no external marks are, in our opinion, at all times sufficient to distinguish mild small-pox from severe chicken-pox. The observation that the horny eruptions which have occurred from small-pox after vaccination is different from varicella, is very just.

Our readers will perceive, with pleasure, a prospect of reconciling Mr. Goldson to vaccination. From the above extracts and remarks it will appear, that of the number vaccinated, which is now almost beyond calculation, only a few have shown any symptoms which could arise from small-pox infection, either by inoculation or exposure. Of these, only a single instance or two in the same family had a legitimate small-pox eruption. The rest were cases so different from the true characters of that poison, and generally so similar to each other, that Mr. G. seems disposed to believe vaccination might have been cause of the new character assumed by the disease. But we must observe, contrary to Mr. G's remark, that in the earlier accounts of small-pox inoculation, Mr. G. will find much heavier accusations against that practice, and, as we observed in the beginning, vaccination has been almost universal, whereas inoculation was at first very much confined. Those opposition pamphlets (to inoculation) are now almost forgotten, but, *litera scripta manet*; and whoever will consult the collections of the curious will soon be convinced how much more inoculation had to encounter than vaccination. Still, however, two questions remain undecided; and, for the inquiry into the latter, the public have to thank Mr. Goldson. The first question, Does vaccination ever produce an eruptive disease? The 2d, What is this disease which sometimes occurs after vaccination, capable of producing by insertion a legitimate small-pox, but has itself been uniform in its mildness, and in its character always different from the variolous? In most we believe, if not all the cases, except Fulwood's Rents, the pustules died away prematurely; and even in those cases the progress of the disease was not strictly that of casual small-pox. Yet, that it was of variolous origin, and that it was capable of perpetuating variola, we are not sceptical enough to doubt.

We have next a case of small-pox eight years after casual vaccination. We much regret that this is not related by any medical man who saw the progress of the disease. This case is, however, an awkward introduction to Mr. Goldson's proposal in the next chapter, of vaccinating the hand instead of the arm, in order to imitate the casual cow-pox. We have no doubt that he has seen a difference between the pustule or vesicle in the arm and the hand. The thickness of the cuticle is sufficient to produce this difference, and often does produce it, even in casual small-pox. To make his experiments complete, Mr. G. must vaccinate the arm from the cow.

Next follows a chapter of "facts and observations, submitted to impartial

impartial investigation." The fact mentioned (page 114) is worth relating, and to the friends of vaccination may prove very useful. Those who think the observations worth perusing must consult the work; as we know not how to analyse or compress them.

Mr. G. next offers the result of observations on the effect of eruptive diseases, in removing the security derived from cow-pox. This is a question we think few people will treat as he proposes. However, every fact has its importance.

The work concludes with some doubts resulting from what the author has seen, and the train of thinking it has produced. We wish the whole had been written with the same temper. We are, however, pleased to see a postscript subjoined, by which it appears, that, like a true Englishman, Mr. Goldson will not permit other people to abuse vaccination, though he may take that liberty himself. In short, if our author is satisfied with imitating the casual cow-pox by vaccinating the hand, we are ready to join hands with him; and if ever, like us, he should prefer the arm, we shall be ready to embrace a proselyte. At all events, we think science much indebted to him for calling our attention to subjects which would otherwise have been overlooked, if not concealed with an unnecessary, we may add an unbecoming, industry.

Outlines of a Plan, calculated to put a Stop to the Progress of the malignant Contagion, which rages on the Shores of the Mediterranean, if, notwithstanding every Precaution to the contrary, it should unfortunately make its Way into this Country; by RICHARD PEARSON, M.D. Octavo, pp. 27. London, 1804.

THE author does not claim the merit of originality in any of the means he recommends, but he endeavours to digest them into a comprehensive system or general plan.

It embraces *Quarantine*, both of goods and persons, strictly enforced; this however being insufficient alone, Dr. P. advises "other precautionary measures to be joined with it; that if, notwithstanding the utmost vigilance to the contrary, the contagion should get ingress into this country, it may be immediately detected and suppressed.

"For the accomplishment of an object of so much moment, it is proposed that Committees of Health be established in all the principal sea-ports throughout the kingdom. They should consist of an adequate number of physicians and surgeons, assisted, according to circumstances, by the magistrates and clergy. Their business should be to examine into the health of the sea-port towns in which they reside; and whenever a febrile disorder breaks out, that seizes in succession three or four individuals residing under the same roof, or having had recent communication with each other; that is rapid in its course, and accompanied with symptoms of unusual malignancy, immediately to resort to the system of *separation, fumigation, &c.* strict orders being at the same time given, to burn

burn all the bedding and clothes that had been used by the sick; and the house or houses in which such a disorder should occur should be thoroughly fumigated, white-washed, and cleansed. These precautions are the more necessary, inasmuch as the plague, in some of its most fatal forms, and especially on its first breaking out, is not marked by its characteristic eruptions.

" In like manner, there should be instituted a General Board of Health in London, not only as the capital of the united kingdom, and consequently maintaining a frequent communication with every other part, but likewise as the largest port-town. This General Board should use the same vigilance in their inquiries into the health of the port and city of London, as the provincial committees in their respective towns; and should resort to the same means of suppression, in case of a strong suspicion, or actual proofs of infection. All these committees should keep a regular journal of their proceedings, and transmit to government a statement of such proceedings as often as shall appear necessary. It would further be desirable that the General Board of Health should draw up a set of Instructions for the use of the before-mentioned committees, and of medical practitioners in all parts of the kingdom.

" In the above proposals for instituting Committees of Health, I have merely hinted at the measures of *separation, fumigation, &c.* without entering into a description of the manner of doing them; these matters having been so amply detailed in various tracts which have been recently published. Indeed, the directions in this respect will constitute a principal part of the business of the before-mentioned committees; and should be minutely set forth in the Instructions published by the General Board of Health in the metropolis.

" Relative to this business, I shall only remark, that the building or buildings hired as a receiving house or houses, (according to the number of the infected) should be situated in open, and, if possible, elevated situations at the extremity of the town, or rather entirely out of it; and that in the event of a sea-port town or inland-port-town becoming the seat of infection, *floating lazarettos* (as recommended by Dr. Blane) seem preferable to lazarettos within land. As in the case of the above-mentioned receiving-houses there should be three distinct buildings (unless one building be sufficiently large; in which case, there should be three distinct ranges of apartments) for the *sick*, the *convalescent*, and the *suspected;* so, in the case of floating lazarettos, there should be as many separate vessels for these three different classes of persons."

Dr. P. then proceeds to obviate some objections, and detail some particulars respecting the plague of London and the causes of its extensive propagation, which he doubts not, may, in future, be prevented.

An Account of two Cases of Gout, which terminated in Death, in Consequence of the external Use of Ice and cold Water. By A. EDLIN. 12mo. pp. 24.

MR. BAKER, a surgeon of eminence at Uxbridge, was attacked with regular gout on the feet, on the 22d of July last, which continued nearly stationary for three days, unattended with fever, or any material inconvenience. The fourth night he passed restless and unquiet, the pain and inflammation increasing, but still confined to the feet. At this time Mr. B. who had received a strong and favourable impression of the excellence of cold applications, by perusing the several communications on the subject, with which our correspondent, Dr. Kinglake, has favoured this Journal, resolved to make the experiment himself, and accordingly applied first cold air, then sponging with cold water, and lastly cloths dipped in ice water; with manifest relief of the pain and inflammation. About five hours afterwards the pain was quite gone, and the pulse 78. On getting out of bed, however, a fainting fit came on, which was removed, and he took some breakfast. A slight inflammation was observed in the knees, which was removed by the iced water. Four hours afterwards an attack of alarming symptoms occurred, which is thus related by Mr. Edlin. "At one o'clock in the afternoon I was suddenly called to him again, and found the whole family in a state of the utmost consternation and alarm; on entering his chamber, I found him lying on his back, with a difficult, hurried respiration; his extremities were cold, his pulse quick, fluttering, and intermitting; he complained of a palpitation of the heart, and an icy coldness in the stomach; he had vomited several times, and a cold sweat had broke out on the skin. Some warm brandy and water was immediately given him, and in the mean time a draught with æther, camphorated julep, and opiate confection was prepared; bladders of hot water were now applied to the region of the stomach, the knees, the hands and the feet, in the hope of inducing a return of the disease to the extremities; but, after waiting some time, and no relief being obtained, I gave him the same draught again, with the addition of a scruple of musk. The pain and oppression of the breath now began to decline, and a gentle perspiration broke out on the skin, which continued the remainder of the afternoon."

In the evening, with the advice of Dr. Haworth, the extremities were fomented, and some sleep was obtained; and for two entire days no great change of symptoms occurred: but on the next day, (three entire days from the first cold application) another shivering fit and attack of gout in the stomach took place; and, after lingering three days longer, the patient died.

The above is the principal case here related, in which the writer was an eye witness; the other is less circumstantial, as it happened thirty years ago, and is given only on hearsay evidence, though apparently unimpeachable.

Mr.

Mr. Edlin makes no comment on this case, considering it as being of itself a most irrefragable argument against Dr. Kinglake's theory and plan of practice. But the testimony of facts is not the only attack which the author makes on Dr. K's system. In endeavouring to dissuade his friend from the rash application of cold, which brought on so calamitous a termination of the disease, Mr. Edlin, it seems, insinuated a doubt of the veracity of the statement made by Dr. Kinglake, which doubt he has not hesitated here to render public. "I hinted," Mr. E. says, "that it was possible these might be fictitious cases, composed for the purpose of explaining a particular theory; and observed, that I was sorry to see him misled by so shallow a performance. However, as I found that he was not disposed to give up either his opinion or his practice, I took my leave, at the same time observing, that I was afraid he would not be convinced till he had drove the complaint to his stomach." Common liberality required of Mr. E. something more than an unsupported insinuation to justify so serious an accusation as that of *case-coining;* and this circumstance completely removes the flimsy veil of candour which the author affects to throw over his narration.

Remarks on the Constitution of the Medical Department of the British Army; with a Detail of Hospital Management, and an Appendix, attempting to explain the Action of Causes in producing Fevers, and the Operation of Remedies in effecting the Cure. By ROBERT JACKSON, M. D. 8vo. pp. 351; with the necessary Tables. London, 1803.

THE Constitution of the medical department occupies about half the volume, and the observations contained in it, we understand, have been duly attended to by the Inspector General of Hospitals. This part concludes with the account of the causes which induced Dr. J. to resign his situation at the Depôt in the Isle of Wight. In this statement the author's modesty induced him to omit several passages in the official documents, which, though highly gratifying to his own feelings, were not essential to his work. He afterwards, however, thought himself compelled, in his own justification, to publish these omitted passages in a letter addressed to the Editor of the Edinburgh Review, where he considered himself as traduced and misrepresented. We are sensible that the Commander in Chief had sufficient cause to express his regret, in the letter in which he accepts Dr. J's resignation, at the loss of the services of so valuable a medical officer; the best, if not the only reparation for such a loss, was the work before us.

It is an attempt to transfer Dr. J's knowledge and experience to the whole medical world; which we deem impossible to be done in a short Essay, or in less time than half a century. The well-educated practitioner, however, cannot fail to profit materially by the hints and observations contained in this short outline of the treatment of FEVER.

We think it right, before we proceed to analyse the parts of which it consists, to observe, that Dr. J. has devoted his whole medical life to the study and investigation of fever; that he has seen this order of diseases longer and more frequently, in a greater variety of climates and under a greater variety of circumstances, than almost any other physician; that, notwithstanding this, there are several classes of febrile patients who have not or could not have fallen under his notice. His patients have generally been *young robust men* in the army or navy. Those species of fever which have principally engaged his attention, were of the most concentrated virulence, and malignant kinds; for he appears to have believed, that if these could be brought under medical controul, milder cases would follow in the train. We must also observe, that Dr. J. generally practised under circumstances which gave him a fair scope for his ability. He had not the weakness of parents, the negligence of nurses, nor the perverseness of patients to contend with. We may presume that his abilities had fair play.—These observations appeared necessary to be premised, in order to place the author and his readers on their just level, so that the one may not be condemned for omitting what he never thought of saying, nor the others disappointed by expecting what it was impossible for the author to say with propriety.

The first part of this Essay is directed to the operation of the causes which produce fever. This subject has puzzled theorists for two thousand years, and probably will exercise their ingenuity for the succeeding two thousand. Dr. J. deemed it necessary to say something on that part of the subject; and we have no doubt that a large majority of his readers will be less pleased with his theory than with his practice. It seems, however, necessary for every author to explain the *terms* he uses; and this can hardly be done so well as in a statement of his system. Dr. J. does not adopt the theory of Cullen, Brown, or Darwin; but he appears to prefer the latter. The principal new term which he has introduced, is, that which denotes the balance and regular movements of all the functions during health, and the derangement of this regularity produced by the causes of fever. As the manner in which these causes produce their effect will probably never be understood, medical writers ever have been, and perhaps ever will be, in the habit of expressing these states of the human frame by some figurative term, which, if happily adapted by a popular author, becomes general among his pupils or followers. A musician would express them by the terms *harmony and discord;* an astronomer, by the terms, *regular and perturbed motions;* a poet, by the terms, *regular and disjointed rhythm.* Dr. Jackson has chosen the latter expression: so that "harmonious rhythm," "natural rhythm," "disturbed or perverted rhymth," occur frequently in this Essay. As it is the chief object of our Journal to convey *practical* information to our readers, we shall refer such as desire to see Dr. J's theoretical opinions to the work itself, and only

only select a few passages from the practical parts. D. J's principal remedies are, bleeding, emetics, bathing, gestation, bark, wine, opium, and blisters. He appears to value the first of these far more highly than any of his cotemporaries. It is, indeed, generally considered as inadmissible in malignant fevers; but Dr. J. deems it on many occasions to be an essential part of the preparation for his curative means. He says,

"Where the condition is present, which warrants the attempt of arresting the disordered rhythm of movement, previous to the application of causes calculated to excite motions analogous to those of health, the means differ, according to the circumstances of the case and condition of the subject. Of preliminary remedies employed in this view, bleeding and emetics are two of the most powerfully and most generally applicable. When the diseased motions have been arrested, or subverted by the employment of these or other means, the pure air of the atmosphere, the universal and common stimulant of life, is often sufficient to solicit the organic structure to resume its natural action. But, where the power of this fails, or is supposed not to be sufficient to effect the purpose, others, which are of greater force, or which are capable of more direct management, are called in aid. Of these, bleeding, alternate warm and cold bathing, are among the most powerful; and as the manner of using these, and some other remedies, may not have been fully explained by the author in his former publications, he will now attempt to define such circumstances as he had then overlooked altogether, or touched in a hasty manner.

"Bleeding. Bleeding has, perhaps, experienced more revolutions of reputation as a remedy in the cure of fever, than any other remedy which has been employed by physicians. In some ages, and in some countries, it has been considered as the cardinal hinge of medical means; in others it has been, and by some it is even now, regarded with abhorrence, considered as a practice most certainly paving the way for destruction. Such opposite opinions can scarcely be accounted for. They serve to bring disgrace on the medical profession; for, as diseases are fundamentally the same now, which they were fifteen hundred or one hundred years ago, Galen and Sydenham must either be supposed to have been singularly deceived, in reporting so favourably of the effects of this remedy; or we must ourselves be supposed to be precipitate, in condemning, as hurtful, the use of means which they found to be so beneficial. Galen was a man of great knowledge; Sydenham was a man of great candour. If the one reasoned well, the other reported truly. It may be alleged, that their opinions concerning causes biassed their judgment, and led them into error. From such opinions, the present times are not exempted. If Galen was led to the use of the lancet, by a preconceived opinion of plethora, we are deterred from it by a be-

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lief in debility,—an opinion not resting on better foundations than that of plethora, viz. both effects of febrile action,—not causes.

"It must not, therefore, be understood, that BLEEDING is considered by the author as a debilitating process. Its effects are stimulative, relatively according to the circumstances of the subject: and they are extensive, for they are felt in all parts of the circulating system, and consequently, through the whole extent of the animated machine. The abstraction of blood, by its express effect, diminishes the quantity of a body to be moved; and thereby increases the power of the mover: it thus facilitates motion; but this is not all. The diminution of the quantity of blood, and change of movement in consequence of such diminution, is in some manner productive of change of condition at the sources of life: motion is affected,—changed, even suspended; diseased motions are arrested; an opportunity is thereby furnished for the more effective action of those powers, which are provided and expressly calculated for the stimulation of the due action of health. Bleeding, as it is the most manageable power, so it possesses the most absolute influence over animal movement, either as directly effective of a final purpose, or as preparatory to the action of other means necessary to insure the final purpose.

"Among the general circumstances, which influence medical practitioners in the use of bleeding, may be reckoned age and sex. It has been already observed that bleeding is less necessary, where there already exists susceptibility of impression. On this ground, it is less necessary in tender years, and in youth, than in grown persons, or in old persons; less necessary in females than in males. It is also less necessary in persons of a soft, thin skin, a lax and delicate fibre, than in the opposite circumstances. It also has appeared to be less necessary among the inhabitants of champaign, fertile and moist countries, than among the inhabitants of hilly, barren and dry districts. It is less necessary, for the most part, among the rich, luxurious and enfeebled classes of man, with their excesses of sensibility of mind and body, than among the poor, temperate, and hardy rustic;—less necessary in summer, unless in very hot and very dry weather, than in spring; and less necessary in autumn, than in winter.—These are general circumstances, which have, or which ought to have, some influence in forming an opinion concerning the propriety of bleeding;—knowledge of them may often be useful, in directing the proper measure in point of quantity. The particular circumstances belong to particular subjects, under particular forms of malady.

"In the earlier stage of fever, where the pulse, in its motion, is irregular in time and force; in its action, quick, hard, irritated, and labouring to overcome a resistance; or where it is regular in time, but sluggish in action,—oppressed, and without energy, that is, without freedom of expansion and celerity of contraction, the effects of bleeding are equally beneficial, though the conditions be seemingly different. The circumstances, which

accompany

accompany these opposite states of the pulse, are also different and peculiar. In one, the respiration is quick and hurried,—and the breath is hot; in the other, respiration is oppressed, interrupted with sighing, or connected with a difficulty of expanding the chest,—as if from want of power,—without interruption from pain. The pain of the head, in the one, is rending and tensive, with strong pulsation of the carotid and temporal arteries,—and with great heat on the forehead; in the other it is heavy and dull, with stupor and inability of commanding thought,—with a clammy, and sometimes a cold forehead. The countenance, in the one, is agitated and confused, with marks of agitation, expressive of pain,—sometimes threatning and grim; in the other it is heavy and torpid, sometimes dark, bloated, and inanimate. In the one the skin is thick, the surface dry and distended; in the other, damp and greasy, without that activity of life, which occurs in natural perspiration. In one the heat is deep, concentrated rather than superficial,—ardent, rather warm; in the other it is often below the just point of heat in health, but its impression is different from that which the heat of a healthy body imparts,—known by the sensation to persons of experience, but not easily described. In one, the pains in the back and limbs are severe, and all the joints seem as if they were broken and unhinged. In the other, there is torpor, — an inability of producing action of effect rather than any excess of pain. In both, the secretions are suspended with a sense of fulness and tumult, or with marks of bloated stagnation and inability. These conditions are different externally; but they are often only parts in the same chain, under different circumstances of expression;—they are under the influence of the same remedy in the processes of cure.

"In the other condition of general fever, where the pulse is open and unconfined, expanding, or as it were rising to the surface, the heat superficial, warm, rather than ardent or pungent; the skin soft, thin, giving an impression of buoyancy and elasticity; the countenance clear; pains, if they exist, of a sharp nature, flying through different parts, but not connected with sensations of weight and oppression, bleeding is not by any means necessary. Such form of disease generally terminates by regular crisis on or before the seventh day, when left to itself, or treated with gentle remedies. If it be determined to cut short its course by forcible means, the abstraction of a small quantity of blood will be serviceable; for by increasing the susceptibility of impression, the means afterwards employed to excite new motions will act with more certain effect. The remedy however is not indispensable; and, where useful, the quantity to be taken away is limited to a measure not exceeding twenty ounces. Such form of disease is more common in mild, moist, and warm weather, among persons not exposed to causes of unusual violence, as excess of cold or heat; persons of soft skins and delicate frames; as females and persons in the higher ranks of life.

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"In fevers of the genuine periodic form, bleeding is a remedy for which there rarely is occasion. Where the intermissions, or remissions are distinct, the paroxysms terminating by copious perspirations, by copious vomitings and bilious evacuations, plethora not existing, and the fibre seeming to possess sensibility to impression, bleeding is by no means necessary: yet, in certain conditions of fever, radically periodic, but, from force of cause or circumstance of subject, not assuming their genuine form, it is often not only useful but indispensable. Where the pulse, in the state of remission, conveys an idea of hardness, confinement, or want of expansion, particularly where connected with a clouded aspect and defective secretions, bleeding is usually followed by distinct intermission; and the disease enters into the common road of cure. Further, in instances of endemic fever, fundamentally periodical, but connected with a dry, thick, and torpid skin, a bloated countenance, suspended secretions, a sluggish and oppressed movement, or an irritated movement without productive effect, bleeding is indispensable; for it is the only remedy with which we are acquainted, capable with any certainty of removing the mask which covers the genuine expression of the disease. It effects a change in the circumstances of movement; the susceptibility of impression is restored; the disease appears in its own character, and yields to ordinary remedies. It is probable, even more than probable, that the fever, which has committed such devastation in America for some years past, was only conditionally malignant, masked by circumstances of a more general or local nature, so as not to appear in its real character. The circumstances of its history prove it incontestably to be endemic; and there is good reason to believe, that bleeding, to the extent here recommended, could have brought it to assume a remitting form, and consequently would have brought it within the reach of common means of cure. Such, at least, was the effect of the treatment proposed in the concentrated endemic of St. Domingo, with which the fever of America seems to have a great resemblance.

"Besides the above rules for regulating the use of bleeding, in the early stage of periodic fevers, there sometimes occurs a condition in these diseasess, of very difficult discrimination, but of very great importance to be correctly known. In certain forms of this disease, of a latent malignity of character, the paroxysms sometimes come on unexpectedly with stupor, suspension of sense and motion, or with the evident oppression of some important organ, the head or lungs. Sometimes, there is no visible accompanying tumult in the circulating system; the suspension continues for a given period, and ceases without a visible effect. Sometimes, there is an evident tumult in the circulation,—a marked determination to particular organs:—Evacuation or effusion into a cavity—the head or chest,—is the consequence. In the first, bleeding is not necessary; in the last, prompt and copious bleeding, so as to make a decided change in the existing circumstances of the

the case, is the only means which can save life. To discriminate such conditions, is not always easy; and they are sometimes, perhaps, in some degree, complicated. In the one case, the neglect of bleeding is destruction; in the other, though it may not be necessary, it is not injurious. In all cases of doubt, it will therefore be adviseable to adopt the safer measure, taking away blood where function is merely suspended from a caprice in movement, rather than neglect it, where function is oppressed by quantity, endangering suffocation.

"The fever, which arises from a contagious source, does not appear precisely in the same form, or ordinarily tend to termination by a similar product, with that which arises from endemic causes. The effect is not so strongly and permanently manifested in the grosser circle of circulation. The natural secretions are not usually so completely suspended, during the continuance; and the termination is not so uniformly marked, by an increased evacuation, or distinct crisis. The action of the cause of this disease manifests itself, in the first instance, in the stomach; the functions of which, it in some manner impairs. Its first manifest action, as a febrile irritation, when the cause is not controuled by counteracting circumstances, is perceiveable in the surface of the body, the conditions of which are generally changed in one form or other, either as expressed by an apparent increase, or by an apparent defect of action. The skin and stomach have a radical sympathy; and it is principally upon the stomach and skin, and their connexions, that the cause of contagious fever exerts its force. The skin, in one form of this disease, is hot, sensible, often painful to the touch; it burns, but without strong heat; the face flushes, as from wine or heated air; the eyes appear red; they are hot and painful, sometimes glisten brilliantly; the pains of the head are often severe, sharp, even shooting, but irregular and inconstant; pains fly rapidly through the limbs in explosions; the pulse varies; sometimes it is frequent and quick, even full and open; it rarely expresses a sense of struggling motion as if from resistance, so common in some other fevers: sometimes it is little changed in point of time; but it always expresses some change in condition, though it be not describable in words. There is, upon the whole, something peculiar in the sensation; the motions are of a lighter kind than in endemic fever, and the observer gets an impression, that a different circle of movement is affected; it is not possible to say in what manner. Bleeding is rarely necessary in this fever. In the more concentrated forms which attack with a stupor like apoplexy, or which are accompanied with motions of unusual irritation, it may sometimes be useful as the first remedy. But unless where this is the case, an emetic is more properly first, in order of time, to commence the cure of the contagious fever. It does not indeed often happen, that bleeding is a remedy absolutely necessary in contagious fever; yet it is sometimes useful, and it is by no means destructive, as practitioners seem generally to believe. Wherever the

the susceptibility of impression is deficient, particularly where such deficiency is connected with an appearance of fulness, a dry and constricted surface, bleeding may not only be safely employed, but, by restoring susceptibility and all its consequences, it eminently tends to render the other means safe and effectual of their purpose. That it should be so seldom necessary, seems to depend upon the mode of action of the morbid cause, which rarely has an operation calculated to absorb the sensibility of the system.

" In the opposite condition of contagious fever, where the countenance is sallow and dull, the skin greasy, damp, dirty, and cold; the eye white, and idiot-like, with a general look of despondence and want of animation; where there are no marks of oppression of organs, or signs of general plethora,— a condition frequent in damp weather, crouded and unventilated places, bleeding is not useful;—it is not certain how far it is safe. In cases of increased mobility, with tremors, faintings, a skin open and free from constriction, it is not only unnecessary, but evidently hurtful.

" Bleeding is useful, is indeed a remedy of the first value in the purely rheumatic fever, particularly as preparatory to the other means of cure, which consist in the various processes and alternations of warm and cold bathing. Here, the quantity must be measured by effect under the operation,—modified according to the circumstances of the case, but carried to the point to insure the effectual operation of the other remedies. It is scarcely necessary to say, that the bleeding must generally be a large one.

(To be continued.)

Account of Diseases in an Eastern District of London, from January 20, to February 20, 1805.

ACUTE DISEASES.	
Pneumonia	3
Peripneumonia Notha	5
Scarlatina	2
Rheumatismus Acutus	6
CHRONIC DISEASES.	
Tussis	20
Tussis cum Dyspnœa	32
Dyspnœa	15
Phthisis Pulmonalis	3
Dyspepsia	4
Ascites	2
Hydrothorax	3
Menorrhagia	7
Amenorrhœa	8
Leucorrhœa	9
Paralysis	2
Diarrhœa	12
Rheumatismus Chronicus	20
PUERPERAL DISEASES.	
Convulsio	1
Menorrhagia Lochialis	6
Enteritis	1
Ephemera	5
INFANTILE DISEASES.	
Ophthalmia Purulenta	2
Vermes	4
Aphthæ	3
Erysipelas Infantile	2

MEDICAL

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

The EDITORS feel highly gratified in laying before their Readers, the following very important Communications.

" To Dr. JOHN WALKER,
Secretary to the Medical Council, Royal Jennerian Society, London.

" Sir,

" Conceiving that it may correspond with the wishes of the Royal Jennerian Society, I herewith enclose half a dozen copies of the late publication of Government here, as affording no mean prospect of the practicability of carrying vaccination to such an extent as thereby to effect the gradual disappearance of small-pox in British India.

I am Sir,
Your very obedient Servant,
JAMES ANDERSON."

Fort St. George,
August 13, 1804.

" GOVERNMENT ADVERTISEMENT.

" PUBLIC DEPARTMENT.

" The Right Honourable the Governor in Council was pleased in an Advertisement, bearing date the 19th of January 1803, to announce to the Native Inhabitants living under the protection of the Government of Fort St. George, the important advantages which were expected to be derived from the practice of vaccination, and the encouragement which His Lordship in Council proposed to afford for the extension of so signal a blessing throughout the territories under this Presidency.

" His Lordship in Council has accordingly had great satisfaction in observing, that the expectation which was formed of the effects of that invaluable discovery, has not been disappointed, as it appears by a statement of patients vaccinated from the month of September 1802, to the month of April 1804, which has been submitted to his Lordship in Council by the Medical Board, that the number amounts to 145,840 persons, without the occurrence of any casualty.

" His Lordship in Council being impressed with confidence, that the statement which has been prepared, cannot fail to produce conviction in the minds of the Native Inhabitants, of the safety and efficacy of the vaccined disease, his Lordship has accordingly directed that it shall be published, and translated into the Native Languages, for the general information of the Inhabitants under this Government."

GENERAL

GENERAL ABSTRACT *of Persons vaccinated by different Medical Gentlemen, and by Native Practitioners at this Presidency, and at the subordinate Stations subject to the Authority of this Government, from the* 1st *of September,* 1802, *to the* 30th *of April,* 1804, *without any Casualty.*

	Europeans.		*Bramins.*		*Malabars.*		*Gentoos.*		*Mahometans.*	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Presidency, from Nov. 4, 1802, to April 30, 1804.	19	21	620	370	3526	4349	3584	4132	1462	1327
Centre Division, from March 1, 1803, to April 30.	34	18	1064	717	5070	3032	6232	4296	641	376
South. Division, from Sept. 1, 1802, to April 30.	6	6	231	334	9363	9246	7577	8507	2820	1637
North. Division, from Sept. 1, 1802, to Feb. 29.	6	6	43	32	187	146	698	564	67	36
Mysore Division, from March 1, 1803, to April 30.	10	12	408	314	2571	2231	970	2451	1096	630
Malabar Province, from March 1, 1803, to Jan. 31.	18	9	8	0	1651	428	898	122	693	126
Ceded Districts, in September 1803.	0	0	0	0	2	4	5	0	12	3
Grand Total	93	72	2374	1767	22,370	19,436	19,964	20,072	6791	4135

	Half Casts		Portuguese		Pariahs.		Marahatees.		Cannadies.		Rajaputs.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Presidency, from Nov. 4, 1802, to April 30, 1804.	115	107	117	196	4012	5794	0	0	0	0	0	0
Centre Division, from March 1, 1803, to April 30.	45	7	110	104	2004	1507	43	25	159	86	21	14
South. Division, from Sept. 1, 1802, to April 30.	113	17	75	55	9048	7084	25	55	0	0	55	45
North. Division, from Sept. 1, 1802, to Feb. 29.	0	0	6	6	150	152	0	0	0	0	0	0
Mysore Division, from March 1, 1803, to April 30.	18	20	16	15	3121	3008	153	139	6320	3757	196	131
Malabar Province, from March 1, 1803, to Jan. 31.	0	2	221	111	80	6	0	0	29	16	0	0
Ceded Districts, in September 1803.	0	0	0	0	4	1	0	0	0	0	0	0
Grand Total	291	153	605	487	18,419	17,556	221	219	6508	3859	272	190

Published by Order of the Right Honourable the GOVERNOR in COUNCIL.

G. BUCHAN,
Chief Secretary to Government.

Fort St. George, July 28, 1804.

"To Dr. WALKER.

"Sir,

"The Royal Jennerian Society having some time ago, through you, forwarded to us copies of their Address for the Extermination of Small-pox, with the Plan, Regulations and Instructions for Vaccine Inoculations; we beg leave to return our best thanks for the communication.

"We congratulate you on the happy success of the adoption and dissemination of the invaluable discovery of Dr. Jenner. The exalted and extensive patronage, which your Society enjoys cannot fail to have due influence over the public opinion, and to overcome the many objections and difficulties suggested by prejudice or ignorance, so that the great body of liberal and enlightened men, who compose your Society, will soon have the sincere satisfaction of seeing the beneficial practice which they recommend, extending itself rapidly over every quarter of the globe.

"With the same views, the Managers of the Public Dispensary of Edinburgh established a Vaccine Institution at that charity, in February 1800, for the gratuitous vaccination of the children of the poor; and appointed us surgeons. Since that time we have inoculated nearly four thousand at the institution, besides a great number at their own houses; and although a great proportion of these children have been inoculated with and repeatedly exposed to the variolous contagion, none have been infected by it. On many children, indeed, who had passed regularly through the process of vaccination, eruptions have appeared at different periods afterwards, which by some ignorant people were supposed to be variolous; but which, upon investigation, uniformly turned out to be chicken-pox. Although in some of these cases, the eruptive fever was very severe; sometimes even attended with convulsions; the consequent eruption very numerous, and in a few cases the last of the pustules did not disappear until the fifth or sixth day.

"These cases were repeatedly visited by many medical practitioners of this place, as well as by ourselves, and none of them entertained any doubt of the disease being chicken-pox.

"Besides the number inoculated at the Dispensary, many thousand parcels of vaccine virus have been sent to different parts of the world.

In May 1803, the Managers of the Dispensary circulated an Address to the Clergy of Scotland, a few copies of which we have taken the liberty to enclose.

"By following the plain directions, which we subjoined to the Address, this reverend and patriotic body of men have saved many thousand useful lives by communicating the blessings of vaccination in many remote parts of Scotland, out of the reach of medical aid. Of this fact we are in possession of ample testimony from the reverend gentlemen who have performed the operation themselves, or who have employed some of the most sensible of their parishioners to perform it.

"We

"We were sorry to see the public mind so much agitated of late, by the publication of the cases of Mr. Goldson and others, tending to create doubts of the efficacy of vaccination as a preventive of small-pox; but we are convinced that the multitude of facts which have been brought forward in contradiction to these publications will prevent them from having any permanent effect, even on the most ignorant or prejudiced.

"We are convinced that the time is not far distant when the efforts of the Royal Jennerian Society, and of those who have followed such a glorious example, will be compleatly successful in exterminating the small-pox, so long the scourge of the human race.

"We have the honor to be,

"Sir,

"Your most obedient servants,

"Wm. FARQUHARSON, M.D.

"JAMES BRYCE, Surgeon,

"A. GILLESPIE, Surgeon."

Edinburgh,
January 25, 1805.

A curious fact in Natural History has been observed by Dr. G. Anselmi, Professor of Anatomy at Turin. A snake, called in Italy, Serpe Nero, the Coluber Natrix of Linnæus, is said to be extremely fond of milk, and the country people even pretend that it makes its way into the dairies to gratify its inclination. They even assert, that it is sometimes found entwined round the legs of cows, sucking their teats with such avidity, as to draw blood when their milk is exhausted. Of this fact, which by many had been considered as a popular tale, the Doctor had himself an opportunity of being an eye-witness. "Walking, according to custom," says he, "one morning on the road called the Park, bordered by pastures, containing a great number of sheep and horned cattle, I observed an old but vigorous cow separate from the others, and lowing, with her head raised in the air, her ears erect, and shaking her tail. Surprised at the noise she made, I seated myself on the banks of a stream, and followed her wherever she went with my eyes. After running for some minutes, she suddenly stopped in a sequestered spot, and began to ruminate. Inquisitive to discover the cause, I went to the place. After going into a pond to drink, she came out and waited on the brink for a black snake, which crept from among the brushes, and approaching her, entwined itself round her legs, and began to suck her milk. I observed this phenomenon two successive days, without informing the herdsman. The third day I acquainted him with it, and he told me that for some time the cow kicked at the approach of her calf, and that she could not without difficulty be compelled to suffer it to suck. We took away the snake, which we killed. On the succeeding days, the cow, after in vain waiting for her suckling, ran about the meadow in such a manner that the herdsman was obliged

to

to shut her up." Dr. Anselmi has discovered, that if the teats of cows be washed with a decoction of tobacco, the ravages of these extraordinary depredators may be effectually prevented.

Dr. Blachly gives the following recipe as highly efficacious in the cure of dropsy, by external application. ℞. Saponis, aceti, et spt. vini ana partes æquales. The whole body is to be rubbed with it at bed-time, as long as the patient can bear the application, occasionally giving him brandy or wine. This remedy, joined to the other remedies of dropsies, cures generally in two or three applications; the water disappearing by perspiration. Oedematous legs bound up, with the mixture plentifully rubbed on them, are reduced in size.

M. Strauss announces, that a solution of platina, precipitated by ammonia, washed, dried, and exposed to a red heat for half an hour in a covered crucible, may be amalgamated with from five to seven parts of mercury by trituration in a warm mortar. This amalgam may be laid over copper, and the mercury be driven off by heat; a second coating is applied, mixed with chalk, and sprinkled with water, and the plate is again ignited, and afterwards burnished. By this application, copper vessels may be defended from the action of acids.

A new composition for preserving inflammable bodies from the effects of fire, has been made known at Hamburgh, by Professor Palmer. It is composed of one part of sulphur, one of red ochre, and six of a solution of copperas.

Dr. Batty's Lectures on the Principles and Practice of Midwifery, and on the Diseases of Women and Children, will commence on Monday the 18th of March, at his house in Great Marlborough Street.

Dr. John Rush has just published a work, entitled Elements of Life, or the Laws of Vital Matter.

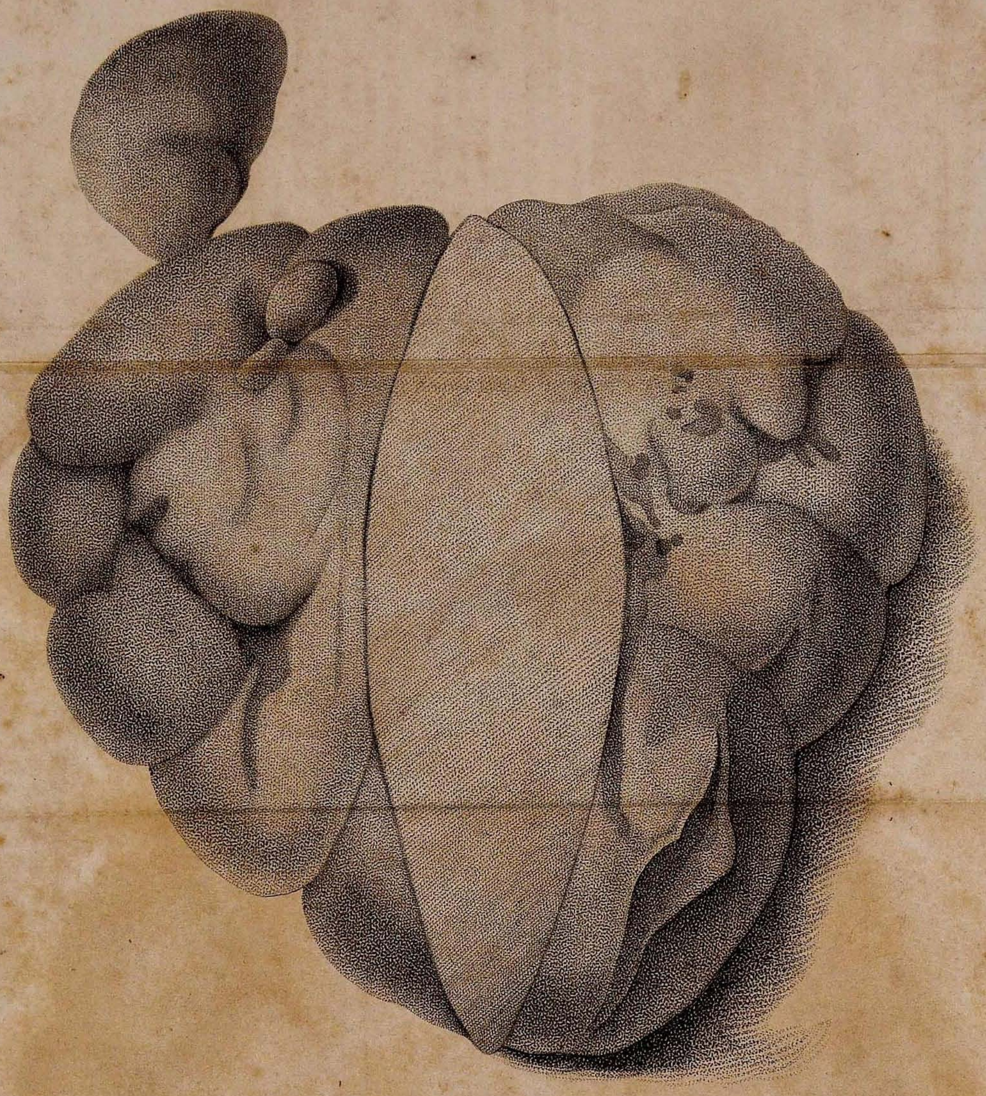
Dr. Shadrach Rickeston is engaged in a work on the Means of preserving Health and preventing Diseases, founded principally on an attention to the Non-Naturals in Medicine.

To CORRESPONDENTS.

Communications are received from Dr. Girdlestone, Mr. Whately, Mr. Ring, Mr. Cuming, Mr. Harrison, Mr. Simpson, and W. L.

Steatomatous Tumour.

Six pounds, two ounces, averdupois.



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